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ABSTRACT

The primary goal of the Schools Partnership Project (SPP) was to investigate whether the emotional and academic well-being of children could be improved by providing mental health consultation services to public school personnel. Licensed clinical social workers were placed at school sites to work collegially with teachers and administrators to identify the problems of stressed children and their families, to improve school personnel's ability to deal with problems, and to learn how to make effective referrals and interventions. Two licensed social workers provided mental health consultation 1 day a week for 2 years and 3 months each at 6 diverse San Francisco (California) public elementary schools. Evaluation through a quasiexperimental design demonstrated a positive impact of the mental health consultation for teachers and students. Many users of consultation services reported an increased sense of responsibility for children's learning, with increased internal locus of control, and many teachers reported increased knowledge and professional capability. Results indicate that children's self-expectations and academic achievement are related to teacher use of consultation, and that the SPP is a promising approach to improving achievement and student self-expectation. One table illustrates teacher demographics. Contains 74 references. (SLD)

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The Schools Partnership Project

A Successful Model Towards Improving School Performance

ED360411

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The Schools Partnership Project

A Successful Model
Towards Improving
School Performance

A Project of
Jewish Family and
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and Sonoma Counties

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A true partnership interweaves the talents of many individuals, incorporating all their

diverse skills. For their various contributions, we are indebted to the members of Jewish Family and Children's Services. First and foremost thanks to the skilled consulting staff, Janet Frost and Diana Ming Chan, whose efforts made the SPP's promise a reality. Their key roles were enhanced by the professional and personal support of Jewish Family and Children's Services' Children's Institute Director Janice Cohn and administrative assistant Shelley Eisenman.

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A project of this scope is made possible because of a willingness to invest in the generation of new knowledge and the testing of ideas by philanthropic foundations. We are therefore very appreciative of the cooperative efforts of nine Bay Area foundations in the financial support of the Schools Partnership Project including: the Walter and Elise Haas Fund, Crescent Porter Hale Foundation, James Irvine Foundation, Jewish Community Endowment Fund, Walter S. Johnson Foundation, Louis R. Lurie Foundation, San Francisco Foundation, Stuart Foundations and the Morris Stulsaft Foundation. We are especially grateful to

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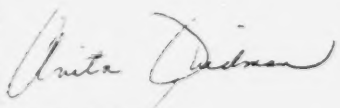
A project such as this one is often nurtured by others, similarly dedicated to generating new knowledge and improving our community institutions. SPP project report reviewers are also gratefully acknowledged: Dr. Sharon Lynn Kagan of the Bush Center of Yale University, Dr. Jacquelyn McCroskey of the University of Southern California, Dr. David Matsumoto of San Francisco State University, Sue Vandiver, Executive Director of the Family Service Agency of San Francisco and Howard Blonsky of the San Francisco Unified School District.

Last but not least, we are most appreciative of the Board of Directors of Jewish Family and Children's Services for their commitment to finding new ways to make our community a better place. This project and now this final project report will hopefully contribute toward this end.

We submit this report to you and dedicate it to children everywhere whose futures will hopefully be enriched in some small way by the new perspectives gained through this effort.

On behalf of Jewish Family and Children's Services,



Anita Friedman
Executive Director

December, 1992

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Executive Summary

Jewish Family and Children's Services of San Francisco, the Peninsula, Marin and Sonoma Counties

Schools Partnership Project: A Successful Model Towards Improving School Performance

Problem Statement

Educational institutions are confronted with an unprecedented challenge: how to educate an increasingly diverse population of children with serious social and emotional problems. In the face of these economic and social changes, teachers and administrators often find themselves unprepared to meet the needs of today's students. Meeting these needs frequently requires teachers to assume new roles which are not a part of traditional teacher training or job parameters. Student achievement is often hindered by behavioral and attitude problems that are difficult for teachers to understand and to change. Teachers need support and skills to teach "hard to reach" students. School administrators need new strategies to create school environments that respond to the needs of their entire student body.

Goals and Objectives

The primary goal of the Schools Partnership Project (SPP) was to investigate whether the emotional and academic well-being of children could be improved by providing mental health consultation services to public school personnel. Licensed clinical social workers were placed at school sites: they worked collegially with teachers and administrators to 1) identify, assess and address the problems of stressed children and their families, 2) improve school personnel's ability to manage the problems confronting them, and 3) learn how to make effective interventions and referrals. As the project evolved, objectives expanded to include a focus on improving the school environment as a whole.

Project Rationale: a Model of Mental Health Consultation

Mental health consultation consists of a variety of interventions in which a mental health practitioner, such as a social worker or psychologist, works with a professional from another discipline, such as an educator, to assess and solve a problem. While most models of mental health consultation focus solely on solving a problem specific to an individual, the SPP ultimately used mental health consultation to also develop institutionally based solutions to regularly occurring problems.

The SPP is based on the assumption that combining the insights of both a mental health professional and an educator will inspire more effective interventions designed to meet a broader set of student needs. The SPP takes clinical expertise normally applied in direct service to children and uses it to help teachers improve classroom management and pedagogy, make more accurate diagnoses of child behaviors and attitudes and refer students to appropriate outside resources for help.

Assumptions of the SPP Model: Teacher Expectations

Previous research has highlighted the pivotal role teacher expectations play in children's actual achievement, self-expectations, and perceived competence (Rosenthal &

Jacobson, 1968; Weinstein, 1989; Weinstein, Marshall, Sharp & Botkin, 1987; Brattesani, Weinstein & Marshall, 1984; Botkin, 1990). Other research has underscored how children's classroom experiences influence their positive feelings and motivation to learn (Harter, 1986). Children's concerns and expectations about their ability to succeed often reflect parallel concerns of their teachers about their capacity to teach them (Eccles & Wigfield, 1985).

When teachers believe that they have control over student outcomes, they can have higher expectations for their own efforts and those of their students. Central to a sense of efficacy is knowledge and understanding that enables teachers to approach students from a variety of perspectives.

The SPP model rests, therefore, on three underlying assumptions which were all specifically tested and evaluated through the research component of the Schools Partnership Project, as follows:

- On-site consultants can provide support and expertise that will enable teachers to effectively address a wide range of mental health problems facing children and families, including referring children for external social services, as needed.

- Teachers' sense of efficacy (locus of control) will improve if they have a fuller understanding of the issues facing children, and that this understanding will translate into more effective classroom interventions on behalf of all students.

- As teachers use more consultation and develop more effective classroom interventions, children's self-perceptions will improve. Further, children will show improvements in their perceptions of their ability to learn, increased motivation to learn and increased academic achievement.

Project Design

The Schools Partnership Project was a four year, grant-funded, interdisciplinary joint venture among JFCS, the San Francisco Unified School District, faculty of a local university and philanthropic foundations.

The project employed two licensed clinical social workers to provide mental health consultation one day a week for two years and four months each at six diverse San Francisco public elementary schools. The SPP methods of consultation fell into the following categories: individual consultation, group consultation, in-service training for staff, facilitation of referrals to external social service agencies, and work with parents. The project also included a comprehensive evaluation component.

The total cost of the project was $619,750 for four years.[1] The cost per pupil per year for the consultation component was $31.44. Costs are delineated as follows: direct services 34%; evaluation 46%; and administration 20%. Nine philanthropic foundations provided financial support.

When teachers believe that they have control over student outcomes, they can have higher expectations for their own efforts and those of their students.

[1] Program development and start-up required four months. Consultation was phased in and provided over the course of three academic years plus four months. The evaluation took place over the course of four years, including six months beyond the service program.

Participating Schools

Hawthorne, Lawton and Jose Ortega Elementary Schools began consultation in March, 1988, and Lafayette, Redding and Sanchez Elementary Schools began consultation in March, 1989. Hawthorne, Redding and Jose Ortega Schools each subsequently secured funding on their own to continue mental health consultation services.[2]

Project Evaluation

Design

The evaluation component of the Schools Partnership Project was implemented as a quasi-experimental design over a two year period in each school to answer the following questions:

▲ Does the provision of mental health consultation services to teachers increase their sense of efficacy and locus of control?

▲ Is an increased sense of efficacy related to increased knowledge and problem resolution among teachers?

▲ Is there a relationship between greater amounts of mental health consultation used by teachers and increases in children's sense of academic expectations and level of achievement?

▲ Is there a relationship between teachers' use of mental health consultation and increased level of cognitive competence, self-esteem, elevated mood and an increased motivation to learn among students?

▲ Is there a relationship between the use of mental health consultation and referrals for external social services?

To evaluate the effect of the consultation, multiple measures were administered at three time periods, before, during and after consultation to principals, teachers and students. Measures evaluated changes in teachers' self-reported attitudes and behaviors toward students and teaching in general. One hundred two teachers participated (longitudinal sample of 91 teachers).

Measures also evaluated changes in students' self-perceptions, mood, school achievement, and perceptions of classroom environment. Seven hundred fifty-eight students in six elementary schools, grades first through fifth, participated in the project (longitudinal sample of 209 students).

A strength of this evaluation is that it represents an interactive, field-research orientation in which the evaluation team was an integral part of the development and testing of this innovative intervention. Further, it facilitated the project's ability to utilize feedback in gauging the effectiveness of the model and its implementation. Feedback was thus utilized in an iterative manner to improve the overall intervention. The availability of a field tested model now enables additional evaluative study for this approach to be further tested against current practice. The evaluation was limited by: the design, problems of attrition for both teachers and

To evaluate the effect of the consultation, multiple measures were administered at three time periods, before, during and after consultation to principals, teachers and students.

[2] While most allocations of staff, textbooks and supplies are done centrally, often on the basis of a per pupil formula, some schools have flexibility in the way certain funds are used. Thus, Hawthorne utilized the federally funded Even Start Program and School Improvement funds to continue mental health consultation services. Similarly, Redding and Jose Ortega Schools utilized School Improvement Funds.

students, and teacher distrust of the evaluation. Not addressed by the evaluation but requiring further study is the long term effect of the intervention on teacher behavior and student achievement.

Findings

The project evaluation demonstrated a positive impact of mental health consultation on teachers and students.

Effect on Teachers

- A large number of users of consultation reported an increased sense of responsibility for children's learning — their internal locus of control increased.

- Teachers reported an increase in knowledge and enhanced professional capability resulting from collaboration with a mental health consultant. A large number of teachers indicated an increased sense of responsibility for the success and failure of students as a result of self-perceived moderate increases in their ability to resolve job related problems.

Effect on Students

- Results indicate that teachers' use of mental health consultation is related to children's self-expectations and, most importantly, to their academic achievement.

- Teachers' use of consultation, along with their reported increase in knowledge and ability to resolve problems is also related to increases in children's self-esteem and perceived cognitive competence.

- Approximately 10% of the students in the SPP participating schools required and were referred for intensive mental health or social services.

Implications

The evaluation findings indicate that the Schools Partnership Project is a promising approach to improving students' performance in school at a cost per pupil, per year, of $31.44 for the consultation component. In general, the Schools Partnership Project improved teachers' sense of efficacy and positively effected the performance of children surveyed. This outcome was found whether the teachers and consultants tended to work in groups or individually. The findings are particularly striking in that the overall personnel resources available to schools diminished during the period of the demonstration project, with a consequent general decline in teacher morale.

The findings also demonstrate that as a result of teachers' use of consultation, student self-expectations can be enhanced. Perhaps most importantly for students who may have low expectations of themselves and their abilities, the findings demonstrate a connection between process oriented mental health consultation provided directly at the school-site to teachers and the enhanced academic achievement of their students. The fact that children's self-esteem and perceptions of their cognitive

A large number of teachers who used consultation indicated an increased sense of responsibility for the success and failure of students.

competence increased over the course of the project suggests important links between enhancing teachers' skills and improvements in the abilities of students to excel in the classroom.

Though not formally measured in this study, school personnel and evaluators observed that the work of the consultants had an impact upon the school climate. While the immediate focus of the specific consultation may have been on solving a problem with a child or a colleague, the solution may have helped to create enduring institutional changes. School principals also observed that as consultants were accepted by a higher percentage of teachers in a school, they had an impact on the general school climate.

Practical Lessons Learned

Many lessons were learned which add to the growing level of knowledge about interdisciplinary endeavors, particularly between mental health agencies and schools. For example, it was obvious that initial and ongoing receptivity of personnel at participating school sites was imperative. It was equally important that all key individuals involved in implementing the plan were involved in making the plan, and for JFCS executive management staff to maintain high involvement in the project and to ensure that the project was adequately funded. The hiring of qualified, experienced staff to provide consultation services and to design and administer the research component was key to achieving the project's success.

Less obvious is that mental health consultation will fail if the school is not ready to accept and use it and that multiple strategies must be used simultaneously to identify children who need help. Also significant is that initiating an in-depth evaluation, though valuable, was costly, time consuming and controversial.

Policy Considerations

The significance of the Schools Partnership Project can be best understood in the broader context of current national and state initiatives aimed at enhancing the capacity of schools to educate and socialize children. These include efforts to reform our system of public education, particularly through school restructuring, a growing interest in linking health and human services to schools and the use of mental health techniques to catalyze school changes.

Recent years have heralded a growing recognition that schools alone cannot or should not meet the whole range of children's needs. The experience of the Schools Partnership Project yields a number of considerations which should be taken into account by policy makers who believe student performance can be improved by changing the governance, management and operation of schools. The SPP offers several insights for school reform:

- School sites can benefit when teachers and community based mental health professionals join together to inspire, implement and sustain education reform efforts.

■ The professional education of teachers, principals and mental health practitioners should be more interdisciplinary in nature, thus better integrating mental health and education perspectives.

■ Policy initiatives designed to improve public school performance should emphasize the benefits of mental health consultation to teachers and administrators.

School-linked services are defined as an ongoing collaboration of a school site with at least two or more systems, such as social services, juvenile justice or health, in order to reduce fragmentation of service delivery, increase accountability from one system to another and improve outcomes for students. Such collaboration involves merging public funding streams, sharing information among systems and evaluating long-term outcomes on student achievement, health and mental health. Key policy considerations for school-linked services projects include the following:

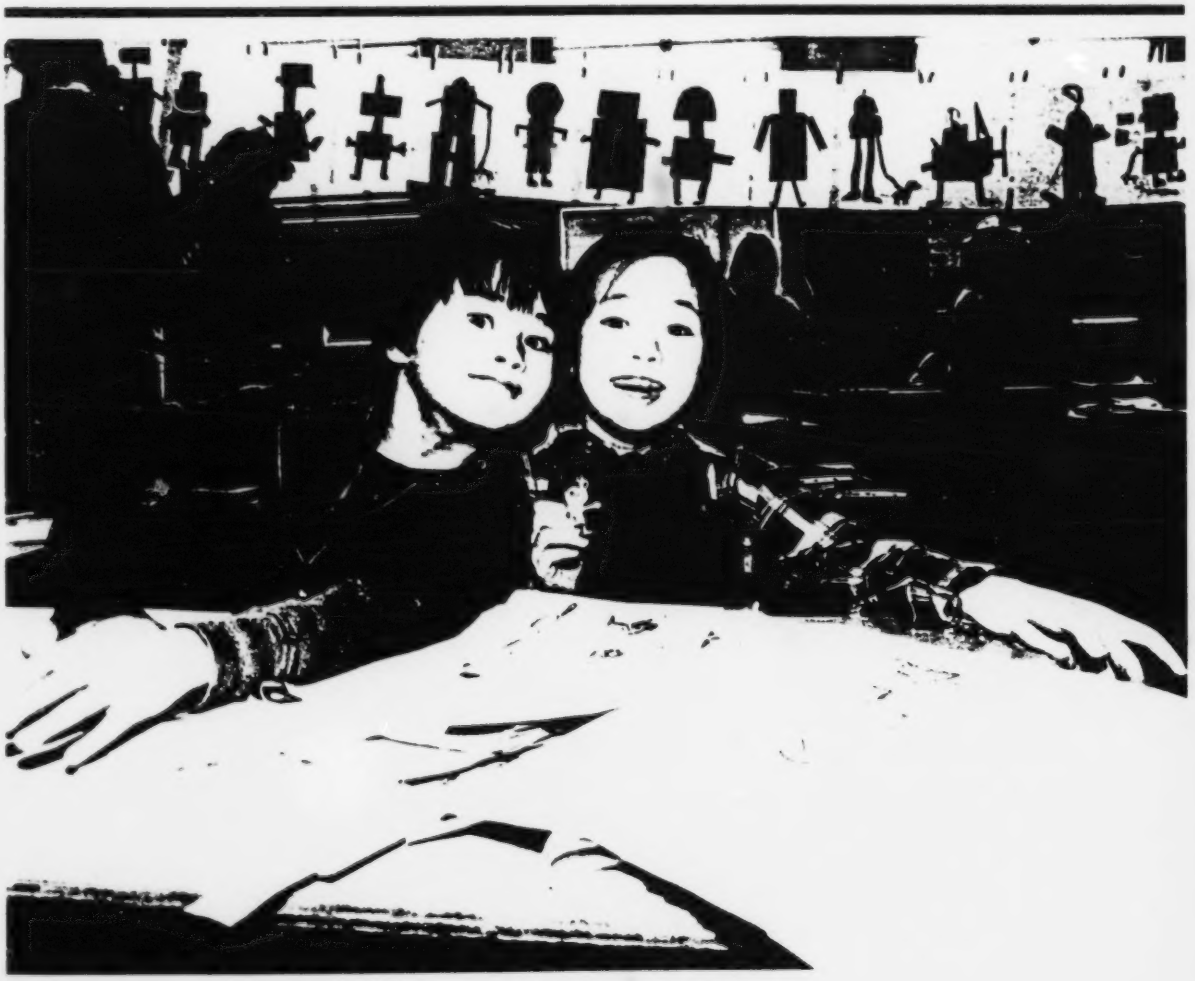
■ Pilot school-linked services projects should be conceived and evaluated within a broad context, adding to the debate about the relative merits of student focused "pull out" or direct service models of consultation versus teacher focused models of consultation, such as the SPP.

■ Community based organizations can offer resources to schools and therefore have a role to play in planning and implementing school-linked services efforts.

■ Efforts to plan, implement and evaluate school-linked services should be based on the essential principle that whoever is responsible for carrying out a project plan should also be involved in making the plan.

■ Investment in research and student information systems to evaluate the effects of school-linked services is critical.

SECTION



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Introduction

Educational institutions today are confronted with an unprecedented challenge: how to effectively educate an increasingly diverse population of children who face mounting societal pressures.

Growing numbers of urban children are being raised in highly stressed families. Many live in poverty, are victims of physical and sexual abuse, and daily confront the violence associated with drug traffic. Some children have recently immigrated to the United States and are in the midst of adjusting to a new language and culture. In addition, as the number of families with two parents in the work force has grown, the role of daily caretaker has shifted from the home to the school and other societal institutions.

Such changes in family life have resulted in profound shifts in the roles teachers and school administrators are asked to play - among them social worker and parent. These roles are neither part of traditional teacher training, nor within the usual job parameters of teachers and administrators.

Student achievement is often hindered by behavioral and attitude problems that are difficult for teachers to understand and change. Expert help would be appropriate for many students, yet may not be accessed or available.

In an effort to respond to changing conditions, today's educational institutions have engaged in a wide range of efforts designed to improve the capacity of schools to educate children. These efforts include local, state and national school reform initiatives, a growing emphasis on linking health and human services to schools and the use of mental health techniques and concepts to catalyze school change such as the model developed by James Comer[1]. It is within the larger context of these types of efforts that the significance of the Schools Partnership Project can best be understood.

James Comer's model uses mental health concepts to develop a more positive school climate and improve student achievement. Key components of the model include a site governance and management team, a mental health team and a parent involvement program. Combined together, these elements offer the school the opportunity to capitalize on the resources of staff and parents and use their close collaboration to improve the academic and social climate of the school. Parents are viewed as an essential part of the change process.

SECTION III

Schools Partnership Project

The Schools Partnership Project (SPP) was accomplished through the development and implementation of a four year demonstration model combining an evaluation component with the provision of mental health consultation services.

Goals and Objectives

The primary goal of the Schools Partnership Project was to investigate whether the emotional and academic well-being of children could be improved by providing mental health services to public school personnel. Licensed clinical social workers were placed at a total of six public elementary school sites, one day a week for two years and four months. The consultants were to work collegially with teachers and administrators to help them to 1) identify, assess and address the problems of stressed children and their families, 2) improve school personnel's ability to manage the problems confronting them, and 3) learn how to make effective interventions and referrals. As the project evolved, objectives expanded to include a focus on improving the school environment as a whole. The services provided were shaped by a specific model of mental health consultation[1] refined by Dr. Ruth Goldman of San Francisco State University.

Mental Health Consultation

Mental health consultation consists of a variety of interventions in which a mental health practioner, such as a social worker or psychologist, works with a professional from another field, such as an educator, to assess and solve a problem or issue. The model of consultation used in the SPP integrates perspectives from public health, community psychiatry and several disciplines within psychology. It utilizes five specific methods of intervention, including individual consultation, group consultation, in-service training for staff, facilitation of referrals and work with parents.

The SPP assumes that combining the background and insights of a social worker with an educator will inspire more effective interventions on behalf of children that will lead to increased professional efficacy in teachers and improvements in students' sense of competence, self-esteem, motivation and achievement. The SPP takes clinical expertise normally applied in direct service to children and uses it with teachers and administrators to help improve classroom management and pedagogy, make more accurate diagnoses of child behaviors and refer students to appropriate external resources. Most models of consultation function through a sole focus on solving a problem specific to an individual child by, for example, offering therapy or case management on the school grounds. The SPP, however, ultimately used mental health consultation to also help develop institutionally based solutions to regularly occurring problems, thus broadening the focus to include not only the individual child but also the school.

[1] Mental health consultation is a loosely defined term and has been used by various programs and researchers to describe a variety of different types of interventions through which a mental health practitioner provides assistance to a professional from another discipline. While many types of mental health consultation — including the services originally provided by JFCS to private schools, nursery schools and after school programs — tend to focus on helping an individual solve specific problems, Goldman's model places a greater emphasis on consultation as a cognitive process leading to institutional change.

SPP as a Process Model of Consultation

A critical dimension of this model focuses on consultation as a cognitive intervention (Goldman, 1990). Based on prior research by Goldman & Cowan (1976), the model emphasizes problem-solving aspects of consultation and focuses on shifts in teachers' perceptions of how responsible they are for student success and failure to learn.

The development of the exact intervention is a continuous process in which the consultants and school personnel together flexibly shape services in response to their specific situation. The SPP model is therefore uniquely applied to each school site as the consultants gain an increasingly deeper understanding of the culture and the needs of the particular school and staff, and school personnel develop a sense of how they can best work with the consultants.

An advantage of this model is that the target of consultation can move beyond the individual to the institution. For example, a teacher may initially ask a consultant for help because she is having difficulty controlling a misbehaving child. In the course of helping the teacher, however, the consultant may find that the bigger problem is the lack of a consistent school-wide discipline policy. In this case, the response of the consultant could be to simultaneously help the teacher to develop a classroom strategy for managing the child and facilitate a discussion about critical elements of a meaningful discipline policy at a faculty meeting. Thus, while the immediate focus of any specific consultation may be on solving a problem with a child or a colleague, the longer term objective can be to provide more institutionally based solutions to regularly occurring problems. Such consultation can help create enduring institutional changes which enhance both staff's own sense of efficacy and, in turn, their capacity to teach children more fully.

While the immediate focus of any specific consultation may be on solving a problem with a child or a colleague, the longer term objective can be to provide more institutionally based solutions to regularly occurring problems

Finally, the consultation services are designed to operate at multiple levels. The work of the consultant has an impact upon the student, the teacher and the school. Consequently, the perceived intent of a specific intervention could differ from person to person depending upon what role he or she plays within the life of the school as a whole.

Assumptions of the SPP Model

Teachers' beliefs in their ability to effectively teach low-achieving students can influence their expectations for those children to succeed. Because teachers are important figures in children's lives, children are sensitive to their teacher's expectations for them. Previous research has highlighted the pivotal role teacher expectations play in children's actual achievement, self-expectations, and perceived competence (Rosenthal & Jacobson, 1968; Weinstein, 1989; Weinstein, Marshall, Sharp & Botkin, 1987; Brattesani, Weinstein & Marshall, 1984; Botkin, 1990). Other research has underscored how children's classroom experiences influence their positive feelings and motivation to learn

(Harter, 1986). Children's concerns and expectations about their ability to succeed often reflect parallel concerns of their teachers about their capacity to teach them (Eccles & Wigfield, 1985).

When teachers believe that they have control over student outcomes, they can have higher expectations for their own efforts and those of their students. Central to a sense of efficacy is knowledge and understanding that enables teachers to approach students from a variety of perspectives.

The SPP model rests, therefore, on three underlying assumptions which were all specifically tested and evaluated through the research component of the Schools Partnership Project, as follows:

▲ On-site consultants can provide support and expertise that will enable teachers to effectively address the wide range of mental health problems facing children and families, including referring children for external social services, as needed.

▲ Teachers' sense of efficacy (locus of control) will improve if they have a fuller understanding of the issues facing children, and that this understanding will translate into more effective classroom interventions on behalf of all students.

▲ As teachers use more mental health consultation and develop more effective classroom interventions, children's self-perceptions will improve. Further, children will show improvements in their perceptions of their ability to learn, increased motivation to learn and increased academic achievement.

The evaluation component of the Schools Partnership Project, which is more fully described in Section VII of this report, was designed to test the extent to which each of these three key assumptions held true.

SECTION IV

Project Development

Jewish Family and Children's Services

■

For more than a decade JFCS had been working together with teachers and administrators of fifteen private schools, nursery schools and after school programs to identify and help children before their psychological problems became severe enough to require costly therapy and the labor-intensive services of a mental health professional.

Founded in 1850, Jewish Family and Children's Services (JFCS) is the oldest social service agency in the Western United States. Its primary mission is to strengthen family life through a broad range of services including counseling, crisis intervention, prevention and research. Through professional and volunteer programs, more than 30,000 children, adults and elderly annually are served in San Francisco, Santa Clara, San Mateo, Marin and Sonoma Counties.

As a result of its long history of serving the San Francisco Bay Area population, JFCS was keenly aware of the difficulties the community faced in effectively meeting the psychosocial and educational needs of its school children. By the mid-1980s JFCS, like many other community-based providers of mental health services, began experiencing a dramatic increase in the number of children being referred for their services.

Although it was widely understood that a crisis had developed, educational, social service and philanthropic community institutions were not working together effectively to insure that children received the social and educational services they needed. A general lack of familiarity characterized the relationship between the public elementary school system and the child-serving social service system, and no mechanisms were in place to initiate or coordinate referrals of students from teachers. Even children s agencies were not in regular contact with each other. Many foundations that were knowledgeable about these problems were actively looking for ways to assist, but were not necessarily confident about how to most productively direct their resources.

For more than a decade JFCS had been working together with teachers and administrators of fifteen private schools, nursery schools and after school programs to identify and help children before their psychological problems became severe enough to require costly therapy and the labor-intensive services of a mental health professional. Such "early intervention" activities included social workers' classroom observations of specific children as well as discussions with teachers and administrators regarding developing appropriate plans with the children and their families. Teachers and administrators recognized that student behavior and attitudes and teachers' style of teaching were affecting student achievement. They also informally reported that the involvement of the mental health professional was very helpful to them in effectively working with and understanding "hard to reach" children.

JFCS first looked into the possibility of providing consultation services to public schools a year prior to embarking upon the Schools Partnership Project by starting a pilot project at Alamo public elementary school. Because Alamo School was a source of many counseling referrals, JFCS had developed a cooperative working relationship with the principal. This pilot offered both the opportunity to test how the consultation services the agency had been providing to

child-serving programs could be applied to a public school environment and to cultivate ground-level support for the project within the public school district.

A study was also made of the strengths and weaknesses of earlier local mental health consultation initiatives. It was within this context that JFCS discovered that another local school-based consultation project had failed in large part because the schools in which the sponsoring non-profit mental health agency operated had not supported the consulting services. The project had been implemented using a top-down approach in which the district administration identified the schools to receive services without ascertaining the level of site interest. JFCS staff took this lesson to heart as they planned the Schools Partnership Project.[1]

Multiple Partners

In 1986 and 1987 JFCS facilitated the development of a multiple partnership to provide consultation to teachers and administrators within six public elementary schools. In addition to JFCS, partners included the San Francisco Unified School District (SFUSD), philanthropic foundations and, through a faculty member, a local university. The SPP also included an Advisory Council comprised of representatives from local agencies serving children and families.[2] As the lead agency, JFCS took primary responsibility for organizing and implementing the project. The roles of the other partners are outlined below.

San Francisco Unified School District

JFCS staff met with individual members of the San Francisco School Board, the Superintendent of Schools in San Francisco, and senior school administrators to make certain that the San Francisco Unified School District supported the project and believed it might be useful to teachers. As a result, the SFUSD central office played a critical role in sanctioning the project, identifying potential schools and allowing the research component to take place at the school sites.

During implementation, the principals of the six individual elementary schools played a key role. The most active principals included consultants in school-wide activities, provided teachers with opportunities to use consultants and allowed teachers release time to meet with the consultants. In this way, the services provided by the mental health consultants were largely shaped by the suggestions of both faculty and administrators.

San Francisco State University

To incorporate a full scale evaluation component into the project, JFCS consulted with several education research specialists and ultimately contracted with San Francisco State University for the services of a professor well versed in community mental health, research and consultation.

San Francisco State's participation was considered important because as an institution

[1] A detailed description of lessons learned during implementation of the SPP is found in Section IX, "Practical Lessons Learned."

[2] A list of Advisory Council members is found in Appendix 3.

of higher education that strives to educate both teachers and mental health professionals, it is constantly challenged to generate and transmit new knowledge to benefit both professions. San Francisco State University agreed to their professor's request to work on the project quarter time per semester.[3]

Philanthropic Foundations

In addition to providing the project with financial support, foundations were instrumental in shaping the Schools Partnership Project. For example, after several funders reviewed the original project proposal, one noted that it should be optimally expanded to include an in-depth look at specific attitudinal and performance changes in teachers and students. It became apparent that strengthening the evaluation was critical in order to fully understand if and how mental health interventions improved the performance of children in schools.[4] The grant proposal was then revised to incorporate a more comprehensive evaluation component.

The most involved foundation staff also actively shared their expertise about school-based services and school change, and connected SPP project personnel with other agencies and individuals providing mental health services in schools.

Role of the SPP Advisory Council

In addition to the partners involved in the SPP, an Advisory Council of local mental health agency and child advocacy group representatives was convened and met twice annually. The Council's purpose was to bring mental health professionals together around a common concern, to provide guidance to the project and to facilitate acceptance of case referrals from the SPP to participating agencies for service.

[3] Please refer to section VIII for a more detailed description of overall staffing.

[4] A more extensive description of the project funding and resource allocations is contained in Section VIII.

Implementation: The Schools Partnership Project in Action

Hiring Mental Health Consultants

Knowing that private foundations were interested in funding the project, JFCS began searching for a qualified mental health professional to begin providing services at the first three school sites. In this case, JFCS was looking for a person with interdisciplinary experience in both school and mental health settings. Finding such an individual proved to be a more difficult task than originally anticipated, but ultimately this objective was accomplished.[1]

Site Selection

As is true in most American metropolitan schools, San Francisco's children represent a mix of races and cultures. Its public school population is 24% Chinese, 19% Latino, 19% African American, 15% white, 9% Filipino and 14% other non white. Many children are from immigrant families and almost one-third of the children entering school have limited or no ability to speak English. Sixteen percent of San Francisco's child population receives public assistance.[2] Since a major objective of the project was to develop a model of intervention which would be widely applicable, six different sites that were representative of the ethnic and racial makeup of an urban inner city population were selected.[3]

Staff worked with district administrators, school principals and faculty to select school sites that had diverse socioeconomic and ethnic compositions and best met the following four selection criteria:

- A receptive principal who understood and agreed with the goals and objectives of the project, the role of the consultant, and the value of the project to the school.
- A stable work force, including a majority of teachers who had been at the school site an average of 3 to 5 years and who expressed an interest in change and a desire to learn about effective interventions with children and their families.
- A complexity of student problems and a diverse student population.
- Adequate resources within the schools, including education specialists and other non-teaching personnel, in order to complement the services of the project and to facilitate the process of referrals.

Three sites were selected in January, 1988 for Year I of the project and an additional three in January, 1989 for Year II. In the initial round, the Assistant Superintendent of Public Elementary Schools provided JFCS with a list of sites that could benefit from the consultation services and had expressed interest in the project when it was discussed at a district-wide principals' meeting. Staff then conducted interviews with the principal, teachers and staff[4] at each of the most promising sites to ascertain their level of commitment to the project. The majority of faculty were expected to support the project in order for a match to be made and this support was considered essential in the site selection process. The results of these interviews, together with demographic informa-

[1] Please refer to Section VIII for a more detailed description of overall project staffing.

[2] Demographic information is based on the United States Census of 1990, U.S. Department of Commerce. For a description of student demographics, see page 25.

[3] For a description of each of the school sites selected, please refer to Appendix 2.

[4] Wherever possible, the meetings included talking to existing supportive services personnel. These included, for example, school psychologists, resource specialists and special education teachers. SPP staff felt that working in partnership with the school required the support and cooperation of these individuals.

tion, led to the selection of the first three sites: Hawthorne School (Mission District), Ortega School (Oceanview District) and Lawton School (Sunset District).

A year later, the second three sites were added using the same criteria and process, with the addition of one new step. Faculty at each site were asked to formally vote on whether they wished their school to participate. A majority vote was required for the project to be offered to the school. This process led to the ultimate selection of Lafayette School (outer Richmond District), Redding School (Tenderloin District) and Sanchez School (Mission District).[5,6]

Site-Based Implementation

Based upon the process model of consultation, as described in Section III, the SPP was shaped around the conditions of each site. Therefore, once the project was accepted, formal and informal means were used by staff to obtain a detailed understanding of the needs of each school and to develop a tailored program that would then meet the particular requirements of the teachers and students at that school.

Formal Needs Assessment

A formal, written needs assessment was conducted by the SPP evaluation staff. A Needs Assessment Survey was given to teachers in the spring before the inception of consultation the following fall. The purpose of the needs assessment was to determine teachers' chief areas of concern with regard to their students, colleagues, administration and the district. The survey also helped to determine what types of consultation had been used in the past and what types of staff development were considered most desirable.

Feedback from the analysis of the surveys was given to teachers at staff meetings in the fall of each year. At the end of the first year, and again at the end of the second year, a year-end Needs Assessment Survey was given to the faculty to assess the type, amount and helpfulness of the consultation used.

Informal Needs Assessment

The most intensive part of the needs assessment process was allowing the mental health consultants to spend one day per week for up to three months talking informally with teachers and administrators. This initial period of assessment took place in the spring of 1988 for the first three sites and in the spring of 1989 for the second set of schools. However, it should be noted that the overall process of assessment was continuous. Adapting the consultation services to the particular needs of the site, incorporating the ideas of school personnel and working in partnership with teachers to ensure that their needs were met were ongoing throughout the life of the project.

[5] For demographic information about the teachers, please refer to Appendix 1.

[6] For a description of the six school sites, please refer to Appendix 2.

Student Demographics, June, 1990[1]

	HAWTHORNE	LAWTON	ORTEGA	SANCHEZ	REDDING	LAFAYETTE
Grades	K-5	K-8	K-5	K-5	K-5	K-5
Number Enrolled	576	616	378	389	396	584
% White	13.2	22.1	14.0	4.6	8.8	21.6
% Black	15.8	15.4	41.8	32.6	0.8	11.6
% Latino	38.0	5.5	9.3	42.9	4.8	4.1
% East Asian	21.2	45.7	14.6	5.7	43.5	38.7
% Filipino	4.0	3.4	11.9	3.1	5.3	3.6
% American Indian	0.7	0.6	0.0	0.8	0.3	0.9
% Other[2]	7.1	7.3	8.5	10.3	36.6	19.5
% Female	46.4	51.5	47.7	45.8	50.0	46.9
% LEP[3]	54.7	13.5	23.3	46.0	46.0	43.0
% Free/ Reduced Lunch[4]	72.5	6.6	52.6	71.3	86.1	47.7

[1] All data are based on the San Francisco Unified School District, District Profiles, June 1990.

[2] "Other" refers to all other non-white students including students from South East Asia.

[3] "LEP" refers to children who have been tested to have Limited Proficiency in English.

[4] Students are eligible for the free lunch if their family has a total income of the 130% of the poverty limit and they are eligible for a reduced cost lunch if their family income is 180% of the poverty limit.

Basic Components of the SPP Consultation Services

The mix of the services provided at a particular site reflected not only the conditions at that school and the needs expressed by the teachers, but also the willingness and interest of faculty and administrators to work with a consultant and the particular strengths of each consultant. The written needs assessment submitted by teachers at all schools ranked highest the need for help with troubled children and parent communication. Most services fell into one of the following five categories: (1) individual consultation with teachers and administrators; (2) group consultation; (3) faculty in-service training; (4) facilitation of referrals and (5) assistance in working with parents.

An analysis of the types of consultation used revealed that the largest number of interventions were of a clinical nature involving individual consultation, crisis intervention and mediation among groups and individuals. While students were commonly the subject of consultation, resolving the issues which most frequently arose also often involved finding ways to improve the functioning of the school site as a whole.

A substantial portion of consultant time was also spent working with individuals or groups on program development and educational activities. In three of the schools, the consultant brought additional direct services to the school site or helped those services already in place to function more effectively. While a substantial number of children were referred for additional outside services, this activity occupied the smallest portion of consultant time.

Individual Consultation

Individual consultation between the consultant and a teacher or administrator was the most common form of service provided by both SPP consultants. These consultations addressed a particular teacher's or administrator's need for education, support or information, or their need to better understand and adjust their relationship with an individual child or with an entire class. Training or assistance in developing an appropriate classroom intervention was also provided on an individual basis to teachers.

While a particular disruptive child or group of children might be the initial focus of a consultation, it frequently led to a solution which included elements of programmatic change. For example, a typical method of individual consultation with teachers involved having the consultant come into the classroom to observe a particular child and then working with the teacher to develop a strategy for subsequent intervention. The intervention that followed took a variety of forms, such as meeting with the child and/or parent, including a specialist in further discussion, referring the child to an agency for specialized care, changing how the teacher organized her classroom, or identifying a school policy in need of review. One consultant stated:

"The key factor is being able to brainstorm

with another person, particularly someone from another discipline. Teachers are in the education business. They see things in terms of learning skills. I see things in terms of family, community, coping skills, and events in a child's life... Bringing these pieces together helps us both see the whole child."

In most schools, a substantial portion of the consultants' time was also spent working with administrators. One elementary school administrator explained that the consultant had a profound impact on her performance as a principal:

"She helped me to keep my eye on the bigger picture, stay more objective and see the forest through the trees... Being a principal is a very isolating kind of job. I can't just share my job related problems with everybody. She was another person with whom I could think through, validate and verify issues."

Group Consultation

Group consultation refers to a situation where the consultant's skills and expertise were used to support the activities of a group; such consultations were extremely varied in content, format and regularity. They included facilitating a group discussion, organizing a planning session and participating actively on a faculty team.

The most frequent type of group consultation was participation of the consultant in the Student Study Team (SST).* During the initial stages of consultation, the SST meetings were an important vehicle for exposing teachers to the consultant's breadth of skills. As a member of the SST, the consultant typically was responsible for facilitating the meetings and exposing teachers to techniques for working with families and students in order to identify needs and develop effective interventions. The consultant often modelled an effective strategy for interacting with a parent or analyzing a particular problem during the course of the meeting itself. Over time, the strategies were incorporated into the group's approach to problem solving and the consultant could become a less active member of the team.

As teachers became more familiar with the consultants, other forms of group consultation also became possible. At one school where kindergarten and first grade teachers had not been communicating with each other for several years, a cross-grade consultation was designed. A planned exercise allowed kindergarten teachers to share with first grade teachers information about students who would be promoted to the next grade. As a group, decisions were then made regarding student assignments to particular classrooms with different classroom structures. The meeting resulted in a new, mutual understanding by teachers of the unique problems facing teachers at both grade levels.

The use of consultants as meeting facilitators and mediators seemed particularly likely to occur in those schools involved in the dif-

* Comprised of administrators, teachers, counselors and any other appropriate personnel, Student Study Teams are designed to address the problems of at-risk children. Once a child is referred to the team by a school staff member, the team meets with the student and the parents to review the child's strengths and weaknesses and devise a plan of action.

ficult process of making major institutional changes, such as a restructuring.[8] It may be that the skills and training of a mental health professional are especially useful in times of stress and transition.

Staff In-Service Training

Through a review of the results of the Needs Assessment Survey, the consultants noted the staff development needs and desires at each school. In addition, as consultants met with teachers to solve specific types of problems, they became more aware of in-service training needs. The consultant then provided the training herself or found an appropriate outside expert to present to the faculty. Topics covered areas such as "children's responses to addicted parents," "common obstacles to classroom learning," "successful intervention techniques," "needs of sexually abused children," and "the importance of culture."

Of note is that while staff development is an acceptable form of teacher learning, the format of individual consultation provided teachers with assistance most specific to their concerns. Because individual consultation is based on a teacher's specific concern for a specific child, the usefulness of the help is more immediately obvious than with a more general group in-service presentation.

Facilitation of Referrals

SPP consultants helped teachers and administrators identify and accurately diagnose children in need of other services, particularly those related to mental health, and facilitated the referral of those students to appropriate agencies. Approximately 10% of the students, or 280 children in the participating schools, required referrals for intensive mental health services. Often these referrals occurred as a result of an individual consultation with a teacher or as part of the Student Study Team process. Depending upon the circumstances and the comfort level of the individuals involved, referrals were made by the consultants or by the teachers and administrators. Consultants would also often play a role in identifying which community agencies had openings for service and who a family should contact within an organization. Typically, a call was made by the consultant to the agency to advise them of the referral.

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One of the major obstacles facing the SPP staff was the lack of affordable treatment resources for children identified as needing additional services

One of the major obstacles facing the SPP staff was the lack of affordable treatment resources for children identified as needing additional services. The SPP Advisory Council was especially helpful in this regard. Agencies participating on the Advisory Council agreed as part of their involvement in the project to give priority consideration to SPP referrals when possible, thus facilitating the referral process. In addition, Council members provided advice about the most appropriate referral resource for selected cases.

Work with Parents

Consultants and school personnel recognized the importance of involving parents in

[8] Restructuring legislation requires schools to develop policies and procedures that shift to a system of group accountability for student performance and increase site-based management.

efforts to assist their children. Therefore, much of the focus of interaction between the consultants and teachers and administrators was enhancing the capacity of teachers and administrators to work closely with parents. This type of work ranged from working with the school to develop parent education activities to mediating a meeting between a teacher and a parent, or brainstorming with a teacher about how to hold an effective parent conference.

For example, in one school the need for fifth-grade students and their parents to be better prepared for making the difficult transition to middle school was identified. In response, the consultant, together with two fifth-grade teachers and the school social worker, planned an evening meeting specifically designed to provide parents and students with important information about student life at the middle school level and the potential anxieties that may accompany this transition. In order to reach a broad range of parents, information was translated into both Chinese and Spanish throughout the course of the meeting.

Because of their special training and strong interpersonal skills, consultants were frequently called in to assist school staff when they met with parents. Since the consultants were not official school staff, they were in unique positions to work with parents. One elementary school teacher states:

"[The consultant] knew how to talk to parents. She understood their positions and saluted their efforts. Parents sensed her respect. While much of her ability came from her skills, it also helped that she came in from the 'outside.' Someone from the outside is less threatening; not so emotionally involved. She often acted as a mediator between the parent and the teacher. She helped to dispel the feeling of the school against the parent."

A kindergarten teacher offers the following example:

"One morning a parent came in. She was outraged because she felt another child had touched her child in a way that shouldn't have happened. The consultant found the parent of the accused child and took both of them aside. Both parents were very upset, but the consultant was able to work it out with them so neither was angry. The consultant brought in concepts of child development and helped to put the incident in perspective. By the end, the accusing parent no longer felt her child had been touched improperly; this incident was deemed a natural part of how children learn about the world around them. At the time, I had 30 other kids with me and couldn't have dealt with the situation."

A Case Study of the Hawthorne Elementary School

To illustrate how the SPP works, a sample case study is presented. While many of the ingredients of the Hawthorne experience occurred at other sites, the Hawthorne experience is noteworthy for its use of a consultant during a time of enormous change. The consultant began working in the school just as it embarked upon a massive site-based restructuring effort.

Hawthorne Elementary School lies in the heart of San Francisco's Mission District. When desegregation began in San Francisco over twenty years ago, many of the Latino children living in the Hawthorne neighborhood were assigned to schools in other parts of town, while African American, Chinese, Cambodian, Vietnamese, Laotian and Filipino children were brought to Hawthorne. The student population[1] of some 600 children is now 38% Spanish surnamed, 25.2% Southeast Asian and Filipino, 15.8% African American, 13% white, and 7.1% other. Most students come from low income families; 70% are considered by teachers to be educationally disadvantaged; at least 15% are estimated to live with families who are not legally residing in the United States; more than 90% speak a language which is linguistically or dialectically different from standard English.

Readiness

In January of 1988, through the SFUSD's central office, JFCS approached the principal of Hawthorne to discuss initiating the project at the school. Hawthorne's faculty and administration were actively involved in assessing the challenges they were facing and trying to design and implement creative approaches to meeting the needs of their tremendously diverse students. For the principal, the SPP offered some promise of ameliorating staff burn-out and frustration. She explains:

"The Schools Partnership Project gave us license to articulate our frustrations. In education if you complain or voice frustration somehow it all comes back on you as a teacher; it becomes your fault. But in this context, it was not only okay to voice our frustrations, it was important. Teachers burn out when they feel they can't make a difference in the lives of their kids. The project seemed like a way to help us feel engaged in the process of trying to deal more actively and directly with those problems."

At first, however, the principal and the faculty were unsure what to expect from the Schools Partnership Project. Some wondered whether a project sponsored by a Jewish agency might have some religious overtones. Others were wary about what a social worker might have to offer and somewhat resistant to inviting her into their classroom.

Fortunately, in addition to being a licensed clinical social worker, in this case the consultant had been a high school teacher and had an additional degree in counseling.[2] Accordingly, she walked into the position not only with prior knowledge about schools and how they function, but with a

[1] All data are based on the San Francisco Unified School District, District and School Profiles, June, 1990.

[2] For more information about the consultant's hiring, see Section VIII.

The presentation of the results of the needs assessment to the entire faculty helped to set the stage for the project.

strong sense of admiration for teachers and the demands they face.

Understanding the Needs

Starting in the spring of 1988, the consultant began spending two half-days a week at Hawthorne. Her initial task was to develop a deeper understanding of the school climate, culture and needs. SPP research staff used a specially designed Needs Assessment Survey to ask teachers about their particular needs. The presentation of the results of the needs assessment to the entire faculty helped to set the stage for the project. The consultant believes, however, that the most important step was being given time to watch, listen, and gradually begin delivering services:

"Walking into Hawthorne, my first sense was that it felt like a community center. There was a continuous stream of people - adults and kids - in the halls all of the time. It felt warm, receptive and alive, but also disorderly and chaotic. I wondered if it might be dysfunctional and if they liked it that way - purposely nurturing that kind of environment. Part of my agenda was to figure out if that was what they wanted, if they were comfortable that way. My hunch was that it was symptomatic of things not quite in control. I realized over time that the environment reflected the volume and enormity of the life issues students were carrying around and that spill-over sense of things bubbling over. I watched."

Becoming Involved/Building Relationships

From March through June of that year the principal was instrumental in involving the consultant in the life of the school, meeting with her regularly, inviting her to assist in school tasks which would build relationships and facilitate her growing knowledge of the culture and workings of the school.

From the beginning, sitting on the school's Student Study Team provided the consultant with an official and useful role in the school as well as entree to the classroom and to parents. When she arrived, the concept of Student Study Teams was just being implemented and the teachers, who were largely untrained in running such meetings, were happy to involve her. Through the Student Study Team meetings, the consultant began identifying problems and offering solutions.

In addition, she made herself visible and accessible. She ate lunch with teachers and spent time with them in the halls. When she heard teachers talk about problems with specific students, she offered to come into their classrooms to observe. Sometimes a note from a teacher about a problem would give the consultant the opportunity to work with a teacher. After observing a child, the consultant would talk to the teacher about what was happening and discuss possible solutions.

These first few months were devoted to building relationships, fostering trust and identifying needs. For the teachers, allow-

ing the consultant access to their classrooms was taking a risk. A common perception in schools is that most professionals who come to observe classrooms come to judge teachers. Although the SPP consultant came with a different purpose in mind, teachers faced the stress of being observed and the risk of being criticized. Many felt dealing with the emotional and psychological issues in the lives of their students was not part of their job. Yet, gradually, teachers did open their doors.

Team Approach

When the consultant returned to Hawthorne the following fall, staff were ready to utilize the full services of the project. She could feel the difference. "It was like I was an old friend. I had shown I was here to stay and was really a part of the school by coming back." Some undefined element of trust had been added.

That fall, the principal asked the consultant to perform several concrete tasks. One was to facilitate grade level meetings for faculty to discuss their changing from a traditional, self-contained, homeroom class structure and curriculum to a "circling" model for reading and math instruction.[3] It quickly became clear that teachers were concerned by the shift of control and power and the lack of a clear person in charge. Faculty felt uncomfortable trusting another teacher with "their children" and taking new responsibility for "other children."

The consultant's understanding of the environment was essential to this task and, because her skills and commitment were to the process of communication, she helped teachers use the meeting to talk about shared responsibility and the need to trust each other. Afterwards, the consultant reported the group's concerns to the principal who was able to follow-up at a faculty meeting. Early on, these meetings set the stage for the school community to view the consultant as a neutral person with a specific set of skills to contribute.

Another task was to plan the paraprofessional schedule allocation for the school year. Even though this task seemed not to directly relate to the SPP objectives, it in fact became a vehicle for moving the project forward and ultimately contributing to a shared sense of ownership and understanding within the school community of their ability to facilitate change.

Because both teachers and aides had explicit requests for resources, the consultant set up a large chalkboard with cells for each classroom and time slot. If a teacher wanted to make a change in the assigned schedule, he or she had to remove the aide's name from another teacher's classroom and time slot. Working with the consultant, this physical act heightened teachers' awareness of how meeting their individual needs affected others. Through this activity, by the following March (one year after the consultant began working at Hawthorne) all the teachers had experienced working with her in a group setting to resolve a difficult issue.

A common perception in schools is that most professionals who come to observe classrooms come to judge teachers. Although the SPP consultant came with a different purpose in mind, teachers faced the stress of being observed and the risk of being criticized.

[3] Within this model, students are placed by ability level in groups so that their needs can be targeted.

Beginning Evaluation

At the end of that first full year of consultation, the SPP evaluation staff returned to the school to administer the evaluation measures.[1] During a faculty meeting, teachers were asked to take approximately half an hour to complete the psychological measures being used by the staff to assess changes in teachers' feelings of self-efficacy and sense of responsibility for the achievements of their students. Once they obtained the permission of the parents, research assistants administered measures to a sample population of students by taking them out of the classroom for a brief period of time (up to 45 minutes).

Reaction from teachers to the evaluation procedures was mixed. While some appreciated the importance of conducting an evaluation, many disliked filling out the forms. Despite helping to redesign one measure, teachers' mixed reactions persisted. Some saw taking the children out of their classroom as disruptive and the loss of a learning opportunity, although others considered it to be a positive experience for the children. Generally, the consultant tried to disassociate herself and the services she offered from the evaluation activities. In that the evaluation design was quasi-experimental and interactive, the consultant and evaluation team worked hard to ensure that neither the consultation process nor the evaluation interventions were compromised.

Parent/Teacher Conferences

Increasingly, teachers and administrators began taking the initiative to seek out the SPP consultant. They often brought her into conferences with parents, finding that her social work skills brought a new dynamic to the parent/teacher meetings. While most teachers were experienced in using conferences to inform parents about a child's progress, the consultant also saw these meetings as an opportunity for the school to develop a richer picture of the parent's view of the child's ability and life circumstances.

Problem-Solving

Many teachers came to the consultant to talk about a particular child and to brainstorm various approaches to solving specific problems. The consultant was able to be helpful because she could offer teachers a different set of observations and ask new questions:

"A teacher might be focused on the fact that a child can't read or that he bothers other kids. I focus on what his family is like and what he does in his life outside of school. Together, we bring different pieces together to begin to see the whole child...to gain a larger lens on the child."

The process never ended with the initial consultation. Dialogue continued on a weekly basis between teacher and consultant. Teacher and consultant would leave their conversations with a new set of considerations and ideas. The child received needed attention and the teacher no longer felt

[1] For a detailed list of the evaluation measures used, please see Section VII

alone in facing the challenges of teaching a "hard-to-reach child." Teachers' sense of their own efficacy seemed to increase as they devised new ways to engage in problem-solving.

The consultant's impact was not limited to teachers. The principal met with the consultant almost every day she came to the school. According to the principal:

"She became essential to me. She is an insider in her sense of the workings and the dynamics of the school, but she's not really an insider. Her perspective is not that of an educator but of a mental health practitioner and it gives me as an administrator a very different lens on the school. She sees human dynamics, emotions and relationships. It contributes to the global picture I need. When I walk into classrooms, I am often preoccupied with curriculum issues, evaluation concerns, logistical matters, etc. She is there to observe kids. It's a piece of the school I don't get enough of an opportunity to see."

The integration of the consultant into the life of the school was made possible both by the process-oriented emphasis of the SPP model of mental health consultation and the broader efforts already underway within the school community. The principal and the teachers had been working to create a more open, undefended, responsive environment in the school and among the faculty. In addition, the SPP model had the flexibility to be shaped according to the needs and desires of the school. The principal observes:

"The most important aspect of Jewish Family and Children's Services was their willingness to listen to us at Hawthorne, and to make it truly a joint project. We were part of molding it. The project at Hawthorne grew from the ground up in response to our needs and possibilities. The whole project framework depended on our involvement. It wasn't just at the beginning, but all the way through. We were partners."

Concrete Assistance

The consultant was also available to offer a very concrete kind of help. She was there to call the hospital, write a letter to a parole officer and do the endless phoning required to pinpoint who was the right person in a social service bureaucracy to speak to about a particular child. Experienced in the world of social services, the consultant had the expertise to know how to access outside resources.

The consultant could not and did not solve all problems, however. Despite best intentions, lack of available resources often limited the consultant's effectiveness. She says:

"You do what you can do, but sometimes it's not enough... You sensitize the school community and then the child falls through the crack again... The biggest gap exists for the families who really need therapy and won't ever make it to an outside agency. The children barely get to school. There is a tremendous need for in-home and in-school social services."

"The most important aspect of Jewish Family and Children's Services was their willingness to listen to us at Hawthorne, and to make it truly a joint project."

Completion

The project ended at Hawthorne after two and a half years, as planned. In June of 1989, faced with losing their consultant, the Hawthorne School faculty and administration decided to find other means of keeping her on staff. It is a testimony to the usefulness of the SPP that, in the fall of 1989, the same consultant was hired independently by the school with Even Start federal funds and School Improvement state funds to continue her consultation role.[5]

[5] Even Start is a literacy project for non-native English speaking children, pre-school through 2nd grade. It provides support services to parents around issues of literacy readiness. The School Improvement Program is funded by the State Department of Education to provide a framework for change in which 86 schools in San Francisco can improve the quality of their educational programs.

Summary of the Evaluation of the Schools Partnership Project[1]

Objectives

The evaluation component of the Schools Partnership Project was designed to assess whether a process model of mental health consultation (see Section III for a description of the model) could:

- alter teacher perceptions regarding their ability to teach children with widely divergent educational needs; and,

- improve students' own sense of competence, self-esteem, mood, academic expectations, motivation and academic achievement as well as their perceptions of teacher treatment.

A number of different measures were utilized to assess the changes in teachers and students that were brought about because of the mental health consultation.

The underlying assumption assessed by these measures was that in order to effect change in a student's self-concept, academic self-expectations and ultimately academic achievement, it is first necessary to enhance a teacher's sense of professional efficacy. A teacher's sense of professional efficacy relies on a perceived capacity to successfully influence students' ability to learn (Ashton & Webb, 1986; Dusek, 1985; Eccles & Wigfield, 1985). Whether teachers believe that they can influence students' learning depends on both the extent to which teachers are supported in their role and the extent to which they feel competent. When teachers experience support and perceive themselves as competent to teach, they are more likely to believe that student failure to learn is within their control; conversely, when teachers feel unsupported and lacking in confidence, they are more likely to believe that student failure is a result of circumstances beyond their control (Anderson & Maes, 1985; Gusky, 1981; Rose & Medway, 1981; Goldman & Cowan, 1976).

Specific questions which the demonstration project and its evaluation aimed to answer included:

- Does the provision of consultation services to teachers increase their sense of efficacy and locus of control?

- Is an increased sense of efficacy and locus of control related to increased knowledge and problem resolution among teachers?

- Is there a relationship between greater amounts of consultation used by teachers and increases in students' sense of academic expectations and level of achievement?

- Is there a relationship between teachers' use of consultation and increased level of perceived cognitive competence, self-esteem, elevated mood and an increased motivation to learn among students?

- Is there a relationship between the use of consultation and referrals for external social services?

The remainder of this section broadly reviews the major evaluation questions, eval-

[1] This section was prepared by the research staff of the Schools Partnership Project: Dr. Ruth K. Goldman, Dr. Meryl Botkin, Dr. Howard Tokunaga and Margaret Kuklinski.

This study represents an important step in testing the feasibility of expanding the role and function of mental health professionals in school sites and in addressing their ability to enhance the teachers' roles and in turn, the experience of their students.

uation design, methods used to test the intervention model used, and key findings. A complete report including full documentation for the Schools Partnership Project is available upon request from Jewish Family and Children's Services.

Research Design and Method

The evaluation method used was a pre- and post-test (consultation in this case) quasi-experimental research design, utilizing multiple data collection measures to assess both teacher and student perceptions.

A control sample would have been ideal to include in this study as a means of comparing and contrasting students and teachers who did not receive consultation services. Intervention directed school-wide precluded an evaluation design that included the use of an on-site control or comparison sample. The selection of a comparable elementary school which did not have available the consultation intervention would have been an alternative option. This, too, was not possible to institute because of the difficulties inherent in gaining the full cooperation of these alternative sites, including the time consuming process of testing teachers who would not have the option of receiving the consultation intervention (as an incentive to participate in the initial non-intervention sample).

Despite this limitation, this study represents an important step in testing the feasibility of expanding the role and function of mental health professionals in school sites and in addressing their ability to enhance the teachers' roles and in turn, the experience of their students.

Method and Measures Selected

Both quantitative and qualitative assessments of consultation use and changes in teachers' attitudes were conducted over a two-year period. Changes in students' self-expectations, achievement, self-esteem, perceived competence, mood and motivation to learn were also assessed.

Quantitative teacher measures were selected to test the hypothesis that teachers' sense of efficacy would be increased through consultation which emphasized the acquisition of problem-solving skills and greater professional knowledge. In addition to the quantitative measures, qualitative measures were utilized to gain a fuller understanding of teachers' and principals' experience of the consultation process. To accomplish this qualitative review, exit interviews were conducted with all principals and interested staff.

Teacher Measures

Teacher Needs Assessment (Goldman & Botkin, 1987,1988) Assesses interest in and use of consultation and staff development.

Teacher Classroom Survey (Rose & Medway, 1981) Assesses teachers' perceptions of their control over student learning in the classroom.

Consultation Outcome Survey (Fine, 1985) Assesses teachers' evaluation of consultation effectiveness.

Consultation Readiness Scale (Cherniss, 1978) Assesses the level of teacher readiness for consultation. (Consultant and principal filled-out independently).

Exit Interview (Goldman, 1991) Teachers personal assessment of how valuable consultation was to them.

As with the teacher measures, student measures were selected to reflect the research and theory linking children's perceptions of teacher behaviors in the classroom with their self-expectations, perceptions of competence, self-esteem, mood, motivation and achievement. In addition, baseline and year-end Comprehensive Tests of Basic Skills scores in reading and schoolwork were collected for participating students.

Student Measures

Achievement Measures Baseline and year-end CTBS scores in reading and schoolwork.

Self-Perception Profile for Children (Harter, 1985) Assesses children s global self-esteem and perceptions of cognitive, social, athletic, physical, and behavioral competence.

Teacher Treatment Inventory (Weinstein, Marshall, Sharp & Botkin, 1987) Assesses children s perceptions of differential teacher treatment toward high- and low-achievers.

Dimensions of Depression Profile for Children and Adolescents (Harter & Nowakowski, 1987) Assesses children s affect/mood, energy/interest, and self-blame.

Self-Concept of Attainment Scale (Nicholls, 1976) Modified to assess children s expectations for themselves relative to their classmates, and their perceptions of parent and teacher expectations for them in reading and schoolwork.

Administration of Measures

Teachers

While consultation use was voluntary, all teachers were required to participate in pre- and post consultation measures. In the spring preceding the start of the consultation, teachers at all six sites completed the Teacher Needs Assessment Survey. In the fall of Year I and spring of Year I and spring of Year II, teachers were administered the Teacher Classroom Survey. At the end of both the first and second years of consultation, teachers also completed a Consultation Outcome Survey. A year-end Teacher Needs Assessment Survey was used to assess the type and frequency of consultation use.

Evaluation staff administered the surveys in large faculty groups, typically during a time period devoted to a faculty meeting. It required approximately half an hour to complete all instruments on each occasion.

Students

Only children with permission slips signed by a parent or a guardian were allowed to participate in the evaluation component of the project. First-, third-, and fifth-grade children were excused from class to take the measures and were assessed in small groups of four to six for 30-45 minutes. Measures

were administered at two periods in the first year and at the end of the second year of the project when the students were second- and fourth-graders. As fifth graders had graduated from the elementary school, they were not followed into middle school. All classes at these grade levels were included, with the exception of special education classes and classrooms where the majority of children did not speak English. In the second year, all second and fourth grades were included, again with the exception of the aforementioned groups of children. The evaluation team noted that, with rare exception, children looked forward to being asked their opinions and thoroughly enjoyed the process. The children whose parents had not signed permission forms were sorely disappointed as they felt they were kept from a special treat.

In Year I of the project, 50% of the parents gave permission for their children to participate; in Year II, 45.2% of the parents allowed their children to participate. In Year I, 1,516 parents were contacted and 758 participated; in Year II, 1,261 were contacted and 570 participated.

Twenty-eight undergraduate and graduate students in psychology were recruited, screened and trained to administer the measures to students. They were primarily recruited from the University of California at Berkeley and San Francisco State University, and reflected the linguistic and cultural diversity of the public schools. All measures were read aloud to equalize differing reading levels and were translated orally into the children's native language as needed.

Description of Sample

Teachers

In the first set of three schools, 50 teachers participated in the fall and spring assessments. In the second year, 54 teachers completed measures. A total of 45 teachers (90% of the original sample) completed both the baseline and follow-up measures.

In the second set of schools 52 teachers participated in the fall and spring assessment, while in the second year, 55 completed measures. A total of 46 teachers comprised the complete pre, post, and follow-up sample (88% of the original sample).

These shifts in sample size primarily reflect a consolidation of staff over the project period.

Students

In the first set of schools, 434 students participated in the Year I fall assessment, with a subset of 281 who were assessed again in the spring. In the second year of the project, 233 children completed surveys in the spring. A total of 109 students completed all three measures (baseline and two follow-up measures), representing 25% of the original sample of students completing the baseline instrument.

In the second set of schools, 324 students participated in the fall, with a subset of 248

who again completed surveys in the spring. In the second year, 337 students completed surveys in the spring. A total of 100 students completed all three measures, representing 31% of the sample.

The relatively small longitudinal samples primarily reflect the transience of an urban inner-city population. Additionally, in some instances the evaluators elected to measure only subsamples of the available student population.

Data Analysis

The basic strategy for data analysis consisted of six primary activities which paralleled the original questions underpinning the evaluation effort:

▲ Defining categories of consultation use (high, moderate, and low) and quantifying consultation use in each school site and across the first and second set of three schools;

▲ Assessing changes in teachers' sense of efficacy and locus of control, consultation readiness, and consultation outcome as a function of their consultation use;

▲ Assessing changes in teachers' efficacy and locus of control as a result of their reports of consultation outcome, increases in knowledge, problem resolution, and total satisfaction with consultation;

▲ Assessing changes in students' academic achievement and self-expectations as a function of teachers' consultation use, increase in knowledge and problem resolution;

▲ Assessing changes in students' perceived cognitive competence, perceived differences in teacher treatment, self-esteem, mood and motivation to learn as a function of teachers' consultation use, increase in knowledge and problem resolution; and,

▲ Tracking the number of referrals made to external social service agencies by the teachers who had received consultation.

Children participating in the first and third grade in Year I were followed into the second and fourth grade in Year II. Since the children had different teachers with differing amounts of consultation use, the total amount of overall, individual and group consultation categories was based on average use of children's teachers for two years. All teacher and student data were analyzed using repeated analysis of variance methods (Keppel & Zedeck, 1989).

Only statistically significant results are reported in this summary. When significant changes occurred in teacher or student measures over time, additional analyses were conducted to allow identification of the specific area of change. (Tables and graphs are available upon request from Jewish Family and Children's Services.)

Evaluation Results

The following section highlights the most important findings of the evaluation. A brief

description of the consultation process which was provided at each site is included, followed by brief responses to the specific primary questions which this demonstration project was designed to address.

Consultation Use

Teachers utilized consultation effectively at all sites, although the patterns of readiness to use consultation as well as the type of consultation used most frequently varied from school to school and between the first and second sets of schools.

Consultation use consisted of both individual and group consultation.[2] Each teacher contact was recorded in daily logs kept by the consultant; contacts were averaged over 10 months per year for each school and for each set of schools. Overall consultation use in each set of schools was then broken down into three categories consisting of low, moderate or high use. Consultation varied slightly over the two years. For example, overall use was defined in the first set of schools in the following manner: Low use consisted of between 0-10 contacts, 11-16 for moderate, and 17 and above contacts constituted high use. In the second set of schools, the range for low use was 0-10 contacts, moderate was 11-19 contacts, and 20 and above contacts was considered high use. Overall consultation use was the average of individual and group contacts. Different categories of use were compared within and across sets of schools.

Teachers utilized consultation effectively at all sites, although the patterns of readiness to use consultation as well as the type of consultation used most frequently varied from school to school and between the first and second sets of schools. The overall frequency of consultation use was the same for both sets of schools, but broke down differently for group and individual use. In general, the first set of schools was more prepared to make use of consultation and used group consultation more than the second set of schools. Individual consultation was used more often and appeared to be more effective in the second set of schools.

Three outcomes of consultation use were measured by assessing whether or not teachers reported: (1) increased problem resolution; (2) increased professional capability, and (3) total satisfaction with consultation.

According to teachers, both consultants were successful in significantly enhancing teachers' skills in problem resolution and increasing professional capability. However, effects varied according to the type of consultation used at each set of schools. In the first set of schools, there was a mean number of 16 group contacts and 11 individual consultation contacts, while in the second set of schools, there was a mean number of 12 group contacts, and 22 individual contacts per 10 month period. The amount of overall consultation use also increased significantly for the second set of schools between the first and second year. At the first three sites, group interventions were most effective; whereas, individual interventions were most effective at the second three sites.

Total satisfaction with consultation was greatest for group consultation at the first set of schools and greatest for individual consultation at the second set of schools.

[2] Please see Section III for the basic components of SPP consulting services.

Effect on Teachers

● *Does the provision of consultation services to teachers increase their sense of efficacy and locus of control?*

A large number of teachers reported an increased sense of responsibility for children's learning – their internal locus of control increased.

Shifts in teachers' sense of control over student outcomes differed in the first and second sets of schools according to the type of consultation used. In the first set of schools, overall consultation was associated with teachers' sense of responsibility for both the success and failure of their students. This was true for teachers who were both high and low users of consultation. For example, teachers who had used high levels of consultation increased their locus of control from 13.33 to 19.15 while moderate users increased from 11.96 to 12.39, and low users increased from 13.29 to 17.54. (There is a possibility of 28 points on the Locus of Control Scale, with a higher score indicating a higher internal locus of control.) Further, for high and low users of group consultation, there was an increase in taking responsibility for student success.

There is a different pattern of results by type and amount of use in the second set of schools, where individual consultation was the most frequently used consultation mode. In these schools, teachers who used moderate amounts of individual consultation over time reported an increase in their feelings of responsibility for the academic successes of their students.

● *Is an increased sense of efficacy related to increased knowledge and problem resolution among teachers?*

Teachers reported an increase in knowledge and enhanced professional capability resulting from collaboration with a mental health consultant. In addition, a large number of teachers indicated an increased sense of responsibility for the success and failure of students as a result of self-perceived moderate increases in their ability to resolve job related problems.

In exit interviews, teachers who used consultation services stated that they became more able to understand students in a comprehensive manner and were more likely to initiate consultation when problems arose. Teachers reported a great increase in their capacity to view students from multiple perspectives. In addition to the cognitive shifts which teachers reported, the availability and support of the consultant was an important component in their being able to actualize their own effectiveness with children. For example, teachers who exhibited a higher degree of readiness to engage in the consultation process, tended to also be more open to request greater levels of consultation. Teachers increased their level of readiness over time. Those requesting the most consultation over the two year period of time appeared to continue to increase their "readiness level," for example, increasing

from a mean of 3.58 to 4.88 (on a scale of 1 to 6 where 6 represents the highest degree of readiness and reciprocal work relationships where teachers seek consultation and use it effectively).

It is important to restate that while these findings held up across all sites, the impact on the teachers varied according to the level and type of consultation utilized at each school site. While the findings suggest that consultation positively affects teachers' sense of professional efficacy, the strength of these effects varies both according to the type of consultation used and with the readiness of each school to engage in the consultation process.

Effect on Students

● *Is there a relationship between greater amounts of consultation used by teachers and increases in children's sense of academic expectations and level of academic achievement?*

Results demonstrate that teachers' use of process-oriented mental health consultation was related to children's self-expectations and, most importantly, to their academic achievement.

In the first set of schools, children whose teachers were low users of individual consultation showed an increase in their expectations for themselves in schoolwork. More importantly, these findings are mirrored in children's academic attainments. Children whose teachers were both high and low users of overall and individual consultation showed a trend toward greater gains in their achievement in schoolwork over time. Students of teachers who were high users of group consultation showed significant increases over time for achievement in their schoolwork. For example, students' reading scores increased from 38.30 to 52.78 among classrooms where extensive consultation was provided, while reading scores also improved from 50.47 to 55.20 for classrooms where there was a lower amount of consultation use. (Reading scores range from 1 to 99, with a higher score indicating higher levels of mastery.)

In the second set of schools, gains were found for student self-expectations, children's perceptions of teacher expectations for them, and perceived differences in teacher treatment toward high and low achievers. Impacts varied according to type and frequency of consultation used. Children whose teachers were moderate users of individual consultation showed the greatest shift toward higher self-expectations in reading over time. There was a trend for children with teachers using high or low amounts of group consultation to view their teachers' expectations for them as higher in reading.

As with the first set of schools, increases in children's achievement was related to consultation use. Students showed significant gains in reading when their teachers were high users of group consultation.

While no direct causal relationship or link-

age can be made between the teacher's use of consultation and these student outcomes, there was an overall sense that even small amounts of consultation appear to be a contributing factor for the improvement of students' school experiences.

● *Is there a relationship between teachers' use of consultation and increased level of cognitive competence, self-esteem, elevated mood and an increased motivation to learn among students?*

Teachers' use of consultation, along with their reported increases in knowledge and ability to resolve problems appears to be related to children's self-esteem and perceived cognitive competence.

In the first set of schools, there were increases in children's self-esteem as teachers reported an increase in their professional capability and a greater ability to solve problems. There was a trend for an increase in children's self-esteem over time. There was also a trend for children whose teachers were high and moderate users of individual consultation to show an increased sense of cognitive competence. In addition, the children of teachers who were low users of group consultation reported increases in their perceived cognitive competence over time. For example, students whose teachers received extensive consultation, increased from 2.46 to 2.90 in their level of cognitive competence, while in classrooms where teachers had used lower amounts of contact, students' level of cognitive competence increased from 2.62 to 2.85 on a scale from 1 to 4, with a higher score indicating higher cognitive competence.

In the second set of schools, children's self-esteem also showed a trend toward increasing at all levels of overall consultation use. Children's perceived cognitive competence tended to increase over time for high users of overall consultation. Children's cognitive competence increased for all levels of group consultation use. In addition, children's perceptions of their cognitive competence tended to increase over time as teachers reported an increased ability to resolve problems.

Children's mood and energy are interrelated in that they refer to positive feelings that influence their motivation to learn. Again, teachers' consultation had an effect on these aspects of children's learning, but only in the first set of schools. There were increases in children's energy or motivation to learn for low and moderate users of group consultation.

These patterns of improvement clearly require the use of a comparison group in future studies in order to fully ascertain the extent of the impact of consultation services, especially given that even low use (but perhaps very effective use) of group consultation appears to have contributed to the students' perceived increased competence. Without the availability of a comparison group, it is not possible to conclude whether these results are truly attributable to the consultation process or whether they were results of other factors, such as changes at

the school site or individual maturity. Similar concerns are evident when the results of changes in children's mood and energy are reviewed.

The findings also demonstrate that as a result of teachers' use of consultation, student self-expectations can be enhanced. Perhaps most importantly for students in inner-city schools, who may have low expectations of themselves and their abilities, the findings indicate a potential connection between process-oriented mental health consultation to teachers and the academic achievement of their students. The fact that children's self-esteem and perceptions of their cognitive competence increased over the course of the project suggests important links between changes in teachers' own sense of competence and the changes experienced by students as a result of consultation.

● *Is there a relationship between use of consultation and referrals for external social services?*

Approximately 10% of the students in the SPP participating schools required and were referred for intensive mental health or social services.

One component of the consultation intervention was work with teachers and administrators to recognize mental health problems in order to facilitate appropriate referrals to external agencies.

During the course of the project, public and private agencies in San Francisco became increasingly unable to respond in a timely fashion to requests for mental health services. Though service needs seemed to exceed available resources, all SPP referrals were responded to promptly. In general this was accomplished by consultants working with members of the SPP Advisory Council, who had agreed to process referrals from the SPP within a reasonable time frame.

A total of 280 students were referred for external services. Consultants and teachers observed that teachers' capacity to make referrals increased. However, no comparative statistics exist for numbers of referrals made prior to implementation of the SPP at six school sites. Therefore, the exact relationship between consultation use and referrals for external services cannot be determined.

Limitations and Problems Encountered

The evaluation was limited by shortcomings inherent to a quasi-experimental design, problems of attrition for both teachers and students, and teacher distrust of the evaluation.

The lack of a randomly assigned control or a comparison group (e.g. classrooms which would not receive any intervention or would only have available "traditional" interventions, such as the ability of teachers to refer to social service agencies) limits the ability to draw conclusively the causal relationship between the consulting intervention and

changes in the teachers and the students. Nonetheless, the promising results in this project warrant exploration of sites where such classroom interventions can be further tested under conditions using a more rigorous evaluation design. This would enable evaluators to draw causal relationships as well as to increase the generalizability of study results.

Attrition rates, while large for both teachers and students, were due to different factors. Over the course of the project many teachers left, some due to staff consolidation and others for personal reasons. When analyzing the characteristics of those teachers and students who left the school, there were no differences found in terms of socio-demographic characteristics; thus, there is no reason to believe that attrition altered the representativeness of the larger pool of participants.

Student attrition was a result of several factors. The first centered around the difficulty in obtaining parental permission. Initially, permission slips were mailed to parents. This proved to be a problem due to incorrect addresses. The problem was later resolved by sending permission slips home with children. A second problem was not acquiring permission initially for the total length of the study. As a consequence the same students needed to be recruited twice, leading to a further reduction in sample size. Third, there is a high transiency rate in the school district so that all children who participated in the first year were not available in the second year.

Teachers, while enthusiastic about the consultation, were uniformly distrustful of the motives for evaluation. Numerous attempts to redesign measures, according to recommendations made by teachers, did little to allay this distrust. In exit interviews, teachers spoke of their distrust of the measures and the time it took to complete them. Several also reported reservations about taking children out of class to administer surveys.

Not addressed by the evaluation but requiring further study is the long term effect of the intervention on teacher behaviors and student achievement.

In spite of these limitations, a strength of this evaluation is its interactive, field research orientation. The evaluation team was an integral part of the development and testing of this innovative intervention. This formative evaluation facilitated the project's ability to successfully utilize feedback in gauging the effectiveness of the model and its implementation. Feedback was thus utilized in an iterative manner to improve the overall intervention. The availability of a field tested model now enables additional evaluative study where this approach can be further tested against current practice.

Implications

The results of this two-year study on consultation effectiveness demonstrate that consultation has a positive outcome on teachers' sense of efficacy as well as children's self-perceptions and actual academic achieve-

The Schools Partnership Project improved teachers' sense of efficacy and the performance of children surveyed. This outcome held up whether the teachers and consultants tended to work in groups or individually.

ment. These findings are particularly striking given that the intervention itself was largely an indirect one, not intensive in nature (consultants came to the schools one day per week for a two years and four month period) and occurred in the midst of considerable retrenchment in school resources.

The evaluation findings indicate that the intervention provided by the Schools Partnership Project may be a promising approach to improving students' performance in school at a cost of $31.44 per pupil, per year, for the consultation component. The Schools Partnership Project improved teachers' sense of efficacy and the performance of children surveyed. This outcome held up whether the teachers and consultants tended to work in groups or individually. The findings are particularly striking in that the overall personnel resources available to schools diminished during the period of the demonstration project, with a consequent general decline in teacher morale.

The findings also demonstrate that there is a relationship between teachers' use of consultation and higher student self-expectations. Perhaps most importantly for students in schools who may have low expectations of themselves and their abilities, the findings demonstrate a connection between process oriented mental health consultation provided directly at the school-site to teachers and the enhanced academic achievement of their students. The fact that these changes in children's outcomes were found suggests important links between enhancing teachers' skills and improvements in the abilities of students to excel in the classroom.

Though not measured in this study, also of note is that school personnel and evaluators observed that the work of the consultants had an impact upon the student, the teacher and the school. While the immediate focus of the specific consultation may have been on solving a problem with a child or a colleague, the solution may have helped to create enduring institutional changes. School principals also observed that as consultants were accepted by a higher percentage of teachers in a school, they had more impact on the general school climate.

Project Administration, Staffing and Finances

Time Lines and Staffing

A widely recognized key ingredient of effective partnerships is the direct involvement of management level personnel from the primary partner agencies. The JFCS Assistant Executive Director was therefore assigned direct oversight responsibility for the project's development and implementation. As the chief administrator, it was her job to facilitate the San Francisco Unified School District's acceptance of the project, to staff the project with qualified specialists, to secure and manage the finances and to oversee administratively all SPP activities, including the working relationships of the partners. Her level of involvement remained constant throughout the life of the project. The Executive Director and Director of Development were also instrumental in raising the necessary funds from private foundations.

Following acceptance of the project proposal by several foundations, the most crucial aspect of the Assistant Executive Director's job became finding experienced staff who could bridge the gap between the mental health and education fields.

In October, 1987 JFCS contracted with San Francisco State University for the services of a professor of psychology whose general expertise is in community mental health training and research with an emphasis in consultation services to schools. Originally hired as Director of Research and Evaluation to design and implement the evaluation component of the project, her role expanded to include direct oversight of the two mental health consultants and day-to-day implementation of the project. Her title was then revised to be Director of Research and Consultation to reflect her expanded role.

Administrative supervision of the two consultants was supplemented by the Director of JFCS' Children's Institute, which provides mental health services for children in San Francisco. From early January, 1988, through the end of December, 1991, San Francisco State University "released" their professor to work on the project 25% time per semester. JFCS reimbursed San Francisco State University the proportion of her salary and benefits for which she was "released", as well as an additional 10% charged by the university as administrative overhead.

Concurrently, JFCS began searching for a licensed mental health professional who could provide consulting services to the first set of three school sites. Though the original proposal anticipated hiring the consultant by January 1988, a qualified person could not be found until March of that year. This unanticipated lag, while unplanned, ended up working to the project's advantage. It allowed the new consultant to have four months to develop a relationship with the staffs of her three schools before beginning the project in earnest in the fall. The second consultant was hired in March of 1989. Each consultant was eventually funded to spend two years and four months, working one day per week at each of their three assigned sites. As staff of the Schools

Partnership Project, they met weekly with the Director of Research and Consultation and biweekly with the JFCS Children's Institute Director. They also participated in weekly staff meetings of the social workers of the Children's Institute and in other JFCS staff meetings and staff trainings.

Approximately a year after the Director of Research and Consultation was hired, she recruited a researcher at the University of California Berkeley as Assistant Director of Research and Research Project Coordinator. This individual brought additional expertise to the project in understanding the impact of classroom environments on student self-perception and achievement. The two worked together on the general evaluation design and on the addition of student measures to this design. The Assistant Director of Research took responsibility for recruiting, training and supervising the twenty-eight undergraduate and graduate students from the University of California Berkeley and San Francisco State University who served as research assistants. Both researchers believed it was critical to train undergraduates whose ethnic backgrounds reflected those of the children in the San Francisco public schools. Efforts were undertaken to recruit undergraduates who could speak Spanish, Chinese and Vietnamese in particular. In addition, an assistant professor of psychology at San Jose State University was hired as a statistical consultant and data analyst. A doctoral student in psychology at U.C. Berkeley was hired for additional data analysis.

The direct service component of the project was completed in June, 1991, as planned. The last six months of the project (July through December, 1991) were primarily devoted to finishing the analysis of the evaluation results and beginning the final report. In order to present their findings within a broad perspective, JFCS contracted with staff of California Tomorrow, a state-wide, non-profit policy research and advocacy organization, to work with them in writing the final report and developing policy recommendations.

***Schools Partnership Project:* Summary of Expenses and Income**
(October 1, 1987 to December 31, 1991)

Finances

Between October 1, 1987 and December 31, 1991, expenses for the Schools Partnership Project totalled $619,750. It is important to note, however, that this figure understates the real level of resources required by the project since it excludes JFCS' in-kind contribution, valued at approximately $124,000, and additional in-kind resources brought in by both the Director and Assistant Director of Research for the research and evaluation component. Listed below are project expenses and sources of income.

Expenses

Direct Service Costs: (Consultant salaries and benefits and other costs directly associated with the consultants)	$208,252	(34%)
Research and Evaluation Costs: (Research staff salaries, data entry, and data analysis)	$284,745	(46%)
Administrative Costs: (Secretarial and administrative support, supplies, insurance, postage and printing, final report writing, production and dissemination)	$126,753	(20%)
Total:	$619,750	(100%)

Income

Stuart Foundations	
James Irvine Foundation	
San Francisco Foundation	
Walter and Elise Haas Fund	
Walter S. Johnson Foundation	
Morris Stulsaft Foundation	
Louis R. Lurie Foundation	
Jewish Community Endowment Fund	
Crescent Porter Hale Foundation	
Total:	$619,750

Budget Analysis

When the total expenses are divided by 2,880 students,[1] the average cost is $215 per student or approximately $103,000 per school.[2] When costs are assessed only in relation to the direct service component, the expenses total $72.31 per student or $31.44 per year per student. This figure is obtained by dividing $72.31 by 2-1/3 years, the length of time consultants spent on-site, and excludes the in-kind contribution of JFCS.

The key to the relatively low average cost per student per year is that consultants worked with adults who worked with many children. Other models of consultation which offer therapy or case management on school grounds are more costly. For example, if a mental health worker provides clinical services directly to a child on a weekly basis, costs could approximate $2,000 or more per student per year.

Given the course of the project implementation, the total amount and the breakdown of costs varied over time. Evaluation constituted a much higher percentage of the total costs in the middle two years and during the last six months of the project, when direct services were not being offered. It was not possible to determine how much of the administrative cost was incurred as a result of the evaluation component and how much was needed to support the work of the consultants and the project in general.

However, these figures represent the costs for a demonstration project. It is estimated that the cost of an ongoing service project, without an evaluation component, that utilizes the services of two full-time mental health consultants at six schools, would be approximately $96,600 per year (based on salary standards recommended by the National Association of Social Workers that also include benefits of 20%). When costs are assessed for 2,880 students, the average cost per student is $33.54.

Evaluation Costs

It should be noted that evaluation staff garnered additional outside resources at no cost to the project. These included approximately $3,500 worth of computer time and additional statistical consultation made available through the Assistant Director of Research's association with U.C. Berkeley, and the time of the 28 undergraduate and graduate research assistants who worked on the project as a way of receiving fieldwork experience. During the year that they worked on the project, each research assistant spent an average of 12 hours a week. In addition, San Francisco State University contributed office space, copying facilities, clerical assistance and materials to the researchers' efforts.

The scope and size of the research and evaluation component of $284,745 represent 46% of the budget.

Funding Sources

Throughout the life of the SPP, the Jewish Family and Children's Services board of

1. This is the total number of students attending the six elementary schools while mental health consultants were on site. It is assumed that all students received some benefit from the presence of the mental health consultants since many of the services affected how the school functioned as a whole.

2. Of interest is the cost per pupil of SPP in relation to other mental health models of intervention that also aim to impact student achievement. According to PIP staff, the Primary Intervention Program model in California, for example, costs $250 per pupil per year.

directors and executive management staff were committed to ensuring that the project obtained required funding.

Foundations supported the project for a wide range of reasons. Many were attracted by the strength of the mental health services being delivered. Sylvia Yee of the San Francisco Foundation states.

"I was impressed by the quality of the staff; they were firmly grounded in the mental health field, but also understood the dynamics and culture of the schools. I saw them planting the seeds for whole school change in this project."

Others funders were committed to the project because of its extensive evaluation component. Ted Lobman of the Stuart Foundations believes that the project was important because it began to collect the type of evidence which is needed to convince skeptical policy makers and the public that a particular intervention is worthwhile. Unlike most other evaluations of mental health models, this endeavor took the critical step of measuring the impact of consultation in terms of improvements in the academic achievement of the children served.

It is interesting to note, however, that while most funders appreciated the strength of the evaluation, several were also concerned by the high cost of research and hoped that further efforts to replicate the model could devise less expensive evaluation strategies. One foundation discontinued its funding after the direct service component was completed because funding the evaluation did not fall under its funding guidelines and priorities.

Practical Lessons Learned

As with any project, through implementation many lessons were learned. Lessons learned from the SPP add to the growing level of knowledge about interdisciplinary endeavors, particularly between mental health agencies and schools, and reinforce what has already been learned from the experiences of other school-based projects.

■ Cooperative decision-making among key participants is crucial.

Implementation of the SPP was based in large part on the essential principal that whoever is responsible for carrying out a project plan should also be involved in developing the plan. Sharing of decisions and information was emphasized among agencies and schools and involved all levels of administration from top managers to the teachers and social workers themselves. A methodical process of involving all partners in the project in discussion was emphasized from the earliest possible moment of the SPP's conceptualization to its conclusion.

For example, a spirit of cooperation characterized the relationship between the key foundations involved and the SPP. A synergy developed through which many foundation staff were involved in not only financing the SPP endeavor but also in contributing expertise, creative ideas and useful advice about policy and programming problems.

The SPP's cooperation with institutions of higher education was also mutually beneficial. Pooled talents and resources resulted in a well planned project concept and design. The project afforded the universities an opportunity to further strengthen their community links. It allowed providers of service to magnify the benefits of their efforts, through research and the consequent generation of new knowledge to hopefully benefit other practitioners.

In retrospect, however, there were times when cooperative decision making was not sufficiently stressed. Considering the fact that many teachers were resistant to the evaluation component of the project, it may have been more effective to involve them in planning the research design. A method that may have been helpful in increasing cooperative decision making among SPP partners would have been more regularly scheduled meetings of principals, teachers and funders. No such meetings occurred and, in hindsight, the project may have benefited from the wisdom of the "whole."

■ Cooperative decision-making is time consuming.

The time required to implement a cooperative decision-making approach should not be underestimated. Balancing the range of interests and needs of all partners was not always an easy task and required a significant amount of administrative time and energy. Of note also is that each partner "unit" represented a unique culture and within each culture the expectations of the project varied. While the project attempted to meet all expectations, this was not always possible. For example, some school sites hoped that JFCS would be able to continue the pro-

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ject even though the limited time frame of the project was made explicit to all involved from the very beginning.

■ **Community-based organizations working in public schools is mutually beneficial to both institutions.**

Engaging in this joint venture had a positive impact on the overall operations of Jewish Family and Children's Services. It increased the visibility of JFCS as a resource to the community, enabled JFCS to reach a diverse population of children and brought them into closer working relationships with the public schools and with private foundations. Much was learned about education in San Francisco, how the educational community functions and what dilemmas it faces. Perhaps most significantly, the project had an impact on the way JFCS approaches both mental health consultation and evaluation of its services.

JFCS' Children's Institute Director comments:

"Having the SPP consultants participate regularly as part of JFCS staff allowed the entire staff to focus on consultation and talk about it in a wider variety of sectors, both public and private. It made us more savvy about the dynamics of organizations, the effects on teachers and what is needed to make changes in a whole system."

In addition, as staff agency-wide became increasingly aware of the usefulness of evaluation in assessing their work, the JFCS organizational culture was enhanced by participating in a direct service effort which included a formal research component.

The schools also benefitted. School personnel received mental health consultation services that may otherwise not have been available and participated in an endeavor that seems to have increased their capacity to educate children.

■ **Mental health consultation services will fail if the school is not ready to accept and use them.**

As a result of their experience implementing this project, the Director of Research and Consultation and JFCS' Assistant Executive Director collaborated on a paper on institutional readiness.[1] In this paper, a number of factors critical to the success of a mental health consultation model in a school are outlined. The two most critical factors appear to be the principal's capacity to endorse the program and the faculty's acceptance of the principal as leader. According to one of the consultants,

"The style of leadership and the administration's willingness to use me in different ways spelled out the parameters of what I did at a site. In one school, the support of the administrator allowed me to quickly become an integral part of the school community. In another, the principal didn't really help. I had to negotiate with individual teachers."

School personnel received mental health consultation services that may otherwise not have been available and participated in an endeavor that seems to have increased their capacity to educate children.

[1] "Institutional Readiness for Consultation," Ruth K. Goldman, Ph.D. and Amy Rassen, LCSW. November, 1990.

Since faculty support is essential, it is advisable to always include faculty in making the decision about bringing a project on campus.

■ Building trusting relationships between the faculty and the SPP staff required time and patience; these relationships were a critical factor in the success of the project.

Even when the faculty voted to accept the project, overcoming faculty resistance was not easy. One teacher observed:

"Some teachers were not open to having someone come into their classrooms. They resented having someone come in to tell them things they felt they already knew. I am sure that some of the resistance is also related to the fact that so many projects just come and go. Teachers initially viewed the Schools Partnership Project as just another survey, just another project. With time, people realized that the consultant was serious."

Part of the initial tension stemmed from the fact that many teachers were interested in the SPP because they hoped it would provide direct services to children. Many other consultation models do, in fact, offer therapy and case management on the school grounds.

Although prior to the project's implementation, SPP staff explained the limited nature of their intervention in their meetings with school personnel and in school-wide presentations, the idea that they consulted solely to faculty was both difficult to convey and, for some teachers, difficult to accept. It took several months of working in the schools before teachers truly understood and accepted the intent of SPP services. One of the SPP consultants aptly notes,

"Schools are so inundated and have so very few services. There are so many troubled kids. For them, having someone who is a consultant to teachers was an insult and a luxury. They would rather have somebody who could take the kids and fix them."

■ A flexible and interdisciplinary approach is essential.

JFCS' Executive Director explains that the project was designed to build bridges of understanding between school personnel and mental health professionals who provide children's services in the community, observing:

"Part of the problem with services today is that there is no consistent relationship between community agencies which serve children and the schools which are also concerned with children's issues."

When this personal and professional bridge exists, the benefits can be substantial. JFCS' Assistant Executive Director says:

"As a community-based agency, we brought a creativity and energy to make this happen. Because we are outside the school sys-

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"Teachers initially viewed the Schools Partnership Project as just another survey, just another project. With time, people realized that the consultant was serious."

The conference brought to the forefront the clash of cultures between the fields of mental health and education. The highest ranked unmet need of participants was interdisciplinary training opportunities and dialogue.

tem, our doing a project in the schools forces a re-orientation. Both the school and the agency must sit back and think about what we can learn from each other."

The advantages of an interdisciplinary perspective were not limited to school or agency heads. One kindergarten teacher shared the following observation:

"Because the consultant has a mental health background, she is able to look at an issue differently. She has more distance. She is away from the daily teaching and so is able to have a different perspective. She has the time to talk over any issues or problems. Other teachers don't have the time to sit in and observe what is happening in a classroom or to assist in the same way. They are too immersed in the daily turmoil of teaching."

■ Sharing information and encouraging interdisciplinary dialogue offer opportunities for learning and growth.

As the project progressed, JFCS worked to share the knowledge it had gained with colleagues working on similar issues. In November, 1990, JFCS cosponsored a conference with The Children's Health Council in Palo Alto to share the preliminary results of the project with a cross-section of 300 interested mental health providers, educators, foundation staff and policy makers. Entitled "Mental Health in the Classroom: Conflict or Collaboration?" the conference created an interdisciplinary forum where participants could exchange ideas about what constitutes a successful partnership and the effective use of mental health services.

The conference brought to the forefront the clash of cultures between the fields of mental health and education. The highest ranked unmet need of participants was interdisciplinary training opportunities and dialogue. As a result, in May, 1992, JFCS and The Children's Health Council began the process of initiating a two tracked training institute for mental health practitioners and educators.

■ Highly qualified and experienced project staff were a critical ingredient.

From the beginning, JFCS was committed to hiring highly experienced staff. Finding and recruiting such consultants was a time-consuming process. The SPP Director of Research and Consultation explains:

"A good consultant has to be someone who has a commitment to both education and mental health...who has experience working in schools and also doesn't narrowly define mental health in terms of a clinical, psychopathological model... It has to be someone who builds on strengths not weaknesses... someone who thinks simultaneously about the system and the growth of the adults and children within that system."

The principal of Redding Elementary School says:

"The issue of staffing is crucial. If the Schools Partnership Project did not have a person of such quality, it would have gone much differently. The person makes the project."

The consultants also attribute their success at sites to the high quality supervision they received while the project was operated by Jewish Family and Children's Services. In particular, weekly meetings with the Director of Research and Consultation proved to be especially effective and valuable. In addition, attending regular staff meetings with JFCS' Children's Institute staff helped the Schools Partnership Project consultants to maintain perspective, particularly after Children's Institute staff became more deeply immersed in the theory of consultation. These meetings offered SPP staff a break from the frenetic school environment and a chance to talk about mental health issues in a different context.

▲ Multiple strategies must be used to identify children who need help.

Many school-based service projects use teacher identification as the primary mechanism for determining which children should receive services. The experience of the Schools Partnership Project suggests that teacher identification should not be the sole source of information.

First, consultants often found that when they were invited into a classroom to observe a particular child, they were able to identify other children who could also be helped by their consultation with the teacher. Second, one of the unexpected benefits of the evaluation process was that research assistants were able to identify children who were depressed but had never come to the attention of a teacher or administrator. Though not intended to be used as clinical instruments, the child evaluations picked up 15 to 20 additional students in need of services.

▲ Strong support from a well-established agency helps to ensure a project's implementation and completion.

Within the San Francisco community, Jewish Family and Children's Services' long history of commitment to public service helped in the effort to gain the support of foundations and to elicit interest from schools in becoming part of the project. However, JFCS would not have been able to play such an active role without a high level of support from its own staff and board of directors. The board traditionally supports JFCS to contribute to the greater good - beyond the scope of the Jewish community. Moreover, the board felt comfortable with the project because it was fiscally responsible and adequately financed; it had identified funding sources and had a clear-cut beginning, middle and end.

▲ Conducting an extensive, in-depth evaluation, although valuable, was costly, time-consuming and sometimes controversial.

The project's research and evaluation com-

ponent cost approximately $285,000, 46 percent of the total SPP budget. Moreover, project research staff believe that it would have cost much more if the project had not utilized university researchers who could bring in-kind resources to bear by incorporating some of the project activities into their own professional work. As the evaluation and research section reveals, administering the research measures was time-consuming and difficult, involving the assessment of a total of 758 children in small groups of four to six students over the course of the project. Further, many teachers resented the time it took to complete the psychological measures used for the project evaluation and some funders questioned the use of scarce philanthropic dollars for research rather than service.

If it can be assumed that consultation is helpful in the ways described previously, replication of the evaluation could focus solely on the effects of consultation on student performance and cost less than the SPP evaluation component.

While the costs for the service component are higher during the demonstration phase of the project and decline thereafter, no such decrease can be anticipated regarding the costs of an ongoing research project. This cost may in fact impede replication of this particular evaluation design in its entirety.

As noted in the "Summary of the Evaluation of the SPP" (Section VII), this design was quasi-experimental in nature. Further evaluation of the effects of consultation on teachers and students would be far more costly if this design were expanded to include control groups or a process evaluation component. Adding a process evaluation component may make it possible to determine the impact of the consultant on making changes to the operations of the school, an area not addressed in the SPP evaluation.

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▲ Expectations for an Advisory Council must be clearly spelled out.

Often advisory councils are not useful because the conveners and participants are not clear or are unrealistic about the council's role.

Originally the SPP Advisory Council was designed to achieve three objectives: (1) to bring together mental health professionals on a common project; (2) to serve as an oversight committee; and (3) to facilitate acceptance of referrals from SPP staff. The objective that oversight to the SPP would be provided was not fulfilled as it was simply too broad and expansive a charge for a committee that met only bi-annually. In retrospect, it became clear that this objective was unrealistic and that, in fact, the "networking" and referral facilitation objectives were the most useful for both the project and the council participants.

Policy Considerations

The Policy Context

The significance of the Schools Partnership Project can be best understood in the broader context of current national and state initiatives aimed at enhancing the capacity of schools to educate and address the needs of children. Such initiatives include efforts to reform our system of public education, particularly through school restructuring, and a growing interest in linking health and human services to schools.

The recent education reform movement traces its roots to 1983, when the federal Department of Education under the direction of Secretary William Bennett issued the well-known document, *A Nation At Risk*. Castigating schools for a decline of standardized test scores and the failure of our educational institutions to produce a new work force capable of meeting the challenges of an increasingly competitive international economy, *A Nation At Risk* was the first of a series of reports criticizing the outcomes of public education in the United States. Combined, these reports set forth what has become nearly two decades worth of proposals to reform our institutions of public education. In the early stages of education reform, such proposals emphasized strategies which built upon and intensified the existing educational practices. They, for example, led to substantial increases in teacher salaries, raising teacher certification standards, and revamping high school graduation requirements (Jehl & Kirst, 1991).

By the end of the 1980s, however, recognition of the minimal improvement achieved by this initial round of incremental reforms led to a call to undertake more dramatic reforms by "restructuring" the ways that schools are currently financed and managed. Consequently, in recent times, school reform and school restructuring have become virtually synonymous terms suggesting a variety of proposed and actual changes in the leadership, governance, management, and funding of public schools. For some theorists and activists, these have included site-based management providing greater autonomy to schools, enhancing the role of the principal, decentralizing authority to teacher-led teams, allowing individual schools to make up their own budgets using a designated total amount to achieve specified outcomes, emphasizing school readiness among 0- to 5-year-olds, and proposing a voucher system to make schools more responsive to the consumers of their services. Some of these goals have been embodied in the national goals adopted in 1989 by state governors and President Bush.

However, the concern about student achievement has not reversed a national trend that began in the 1970s to reduce on-site supportive services, such as mental health. For decades social workers and psychologists were an integral part of school staffs. Indeed, in many districts in the country, defined ratios for professional support staff to students existed. It was generally agreed upon that the presence of social workers and psychologists was beneficial to students and faculty. For example, in San

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Francisco, a division of pupil personnel services was created in the late 1960s. Individual workers or interdisciplinary teams were assigned to one or more schools to provide direct services to students and consultation to teachers and administrators.

Over the past two decades, funding from state and federal sources has been shifted to local funding of schools. In the transition, for financial as well as philosophical reasons, support services have been drastically reduced so that there is a paucity of counselling and support services available for children outside of special education. The department in San Francisco that once boasted two hundred professional staff currently consists of approximately ten individuals.[1]

Recent years have also heralded a growing recognition that schools alone cannot or should not meet the whole range of children's needs. Some communities seeking to address this issue have turned to expanding the role of schools to include not only education but also the linking of students to needed health and human services - a role that existed in many districts before 1970. School-linked services is a broad term used to refer to various forms of service integration in which schools are crucial partners. Examples of current school-linked service components include parent support programs, family resource centers, outstationed staff from public and private social services agencies, and the development of interagency agreements among schools and other agencies whose caseloads include students and their families. Interest in the school-linked services movement has led to major statewide initiatives in a number of states including Kentucky, New Jersey, Connecticut and most recently California.

In light of the policy context described above, the SPP offers several insights for education reform and school-linked services. Policy considerations are presented in two related sections entitled Education Reform and School-Linked Services. It is hoped that this format allows those interested in both education reform and school-linked services to use these considerations to further develop and hone their own efforts.

Education Reform

Consideration #1.

● School sites can benefit when educators and community-based mental health professionals join together to inspire, implement and sustain education reform efforts.

Consideration #2.

● Policy initiatives designed to improve public school performance should emphasize the benefits of mental health consultation to teachers and administrators.

Many of the current approaches to education reform omit what is at the very core of the JFCS project: a third party intervention from outside the educational system. As

[1] It may be said that the SPP demonstrates that a return of highly trained social workers to school sites is necessary. However, SPP did not address the issue of providing non social workers to school sites as consultants or as other personnel resources.

noted previously, SPP evaluators observed that process oriented mental health consultation to teachers and administrators also led to attention to the classroom and school environment.

The mental health consultation model used in the Schools Partnership Project is based on the belief that schools are living systems that can benefit from being the "clients" of a mental health professional. The project intervened with teachers and with students, but at a higher level, the intervention was aimed at each school site as a system. Like clinical work with an individual client, the approach "starts with the client where he or she is." This means that the consultant worked together with the principal, teachers and staff in addressing the issues that were most important to them, rather than adopting a top-down, externally imposed agenda of reform. And, in the process, the consultant offered the teachers and the administrators an opportunity to develop a more analytical understanding of their own work environment and how they might work together to develop innovative solutions.

Over time, school principals observed that as consultants were accepted by a higher percentage of teachers in a school, they had more impact on the general school climate. Individual consultation may therefore be an effective way to begin a school improvement effort. The work of Seymour Sarason also suggests that increasing the willingness and desire to change among the line staff is critical to the success of any reform effort. In *The Creation of Settings and Future Societies* (1972) and the more recent *The Predictable Failure of Educational Reform* (1990), Sarason emphasizes that the culture of schools (and of any organization) is a product of its workers' understanding of their jobs and therefore simply cannot be changed without their ideas, recommendations and support for change.

Given this situation, schools and mental health agencies should work together to create opportunities for mental health consultants to work with schools on an ongoing basis. For example, in California, the education reform projects[2] might consider adding such services through mental health funding[3] or private sources.

Consideration #3.

● **The professional education of teachers, principals and mental health practitioners should be more interdisciplinary in nature, thus better integrating mental health and education perspectives.**

The SPP attempted to integrate mental health and education perspectives: mental health professionals with training and experience in education implemented the consultation services. A major objective of the SPP was to alter teachers' perceptions regarding their ability to teach children with widely divergent educational needs. One finding indicated that a large number of teachers who used consultation reported an increased sense of responsibility for children's learning.

[2] SB 1274 Demonstration of Restructuring in Public Education (1990) provides a total of $6,750,000 in planning grants for participating school districts, in consultation with businesses, public institutions of higher education, public and private non-profit social services and child development agencies, to restructure current governance and management practices in order to improve student population. The legislation requires applicant school governing boards to develop policies and procedures that increase site-based management at the schools in the district and shift to a system of accountability that stresses student performance rather than rules. Applicant districts are also required to provide for staff development and parent involvement in the decision-making processes.

[3] AB 1650 School-Based Early Mental Health Intervention and Prevention Services for Children Act (1991) appropriates $10 million for matching grants to schools to provide school-based early mental health intervention and prevention services to pupils in kindergarten through third grade. Grants are awarded to the local education agencies for a maximum of three years. Schools which build upon existing programs, engage in collaborative approaches and serve large numbers of low-income students are given priority.

Teachers who used the consultation services also reported an increase in knowledge and enhanced professional capability resulting from collaboration with a mental health professional. The knowledge and the types of skills that the consultants were able to transfer to teachers calls into question the type of academic preparation being given to teachers prior to their entry into the classroom. While some of those skills might be best taught after the individual has had some working experience, a significant amount might be incorporated into their pre-service curriculum. At the same time, the interdisciplinary expertise which qualified the SPP consultants for their positions suggests that those entering the mental health field and planning to work in schools could also benefit from a revised curriculum for today's social workers.

Given the significant resources currently invested in the education of human service professionals, it is critical for policy makers and educators to explore how such professional education reforms can be implemented with existing resources. The State of California continues to spend millions of dollars annually on the education of K-12 teachers, three-fourths of whom come through the State University system and its twenty campuses. Yet numerous evaluations have suggested that teachers and other human service staff who are assigned to schools are poorly prepared for the actual experience of work in an urban setting where they typically begin their professions. Reducing the philosophical and practical distance between the universities and urban schools can be an important step in enabling our institutions of higher education to improve their programs designed to prepare future child-serving professionals.

The project's findings argue powerfully for significant revisions of in-service and pre-service professional education to include courses in collaborative methodology as well as field placements, internships and practica which achieve in practice what students are exposed to through a growing literature on collaborative approaches within child and family service agencies. These findings strongly support the work of already ongoing projects (such as those in the California State University system, at the University of Southern California and at the University of Washington) which seek to create interdisciplinary training opportunities for education and human service professionals.[4]

Unlike SPP, however, it is worthwhile to note that the efforts described above go beyond the integration of mental health and education. The need for this broadened approach to interdisciplinary training is becoming increasingly recognized. For example, the work of Yale University Professor James Comer has begun to emphasize that many disciplines, not just mental health, are needed to address the problems of the school, its staff, its students and their families.

[4] CSU Fullerton Center for Collaboration for Children, USC School of Social Work and School of Education, and the University of Washington's Human Services Policy Center

School Linked Services

Consideration #4

● Pilot school linked services projects should be conceived and evaluated within a broad context, adding to the debate about the relative merits of student focused "pull out" or direct service models of consultation versus teacher focused models of consultation, such as the SPP.

Commonly, pilot projects are initiated to respond to a defined problem without a full definition of the broader context within which that problem exists. Consequently, little consideration is given to researching what other attempts have been made to address this same, or similar, problem. Also, little attention is devoted to the possible implications of a pilot project for wider public policy. The SPP experience suggests that greater benefits can be derived from projects of this type if they are conceived and evaluated within a broad context. This offers a critical opportunity to learn from experience and to add to the debate about the relative merits of student focused "pull out" or direct service models of consultation versus teacher focused models of consultation, such as the SPP.

The SPP findings indicate that mental health consultation to teachers may affect their sense of efficacy and may influence student self perceptions and achievement. They also indicate that the SPP model has the capacity to effectively impact significant numbers of faculty and students at a cost per pupil that is far less than "pull out" models of consultation. In light of these findings, school districts might reconsider allocation of their mental health resources to include both the direct service models of consultation as well as teacher focused models of consultation.

Examining the SPP in the context of the SB 620 Healthy Start initiative, for example, permits weighing the project objectives and lessons of these six schools against the larger Healthy Start goals of changing school systems. Since the State of California is currently in the process of implementing two new school-linked services programs (SB 1650 and SB 620)[5] that will effect mental health and other services to schools, JFCS and the implementing agencies in Sacramento might engage in a discussion about how the proposed guidelines could include mental health consultation to teachers and administrators.

Several aspects of the SPP may have implications for implementation of the new state programs. The in-service training opportunities developed by the SPP consultants might be of value to staffs planning services under both initiatives. The SPP emphasis on "school readiness" to implement positive change raises the question of whether Healthy Start-type educational reform is appropriate for all schools, or only those willing to be measured against the school readiness criteria. Finally, the SPP evaluation component raises issues which need to be considered seriously by both new state initiatives.

[5] SB 620: Healthy Start Support Services for Children Act (1991) authorizes up to $20 million in planning and operational grants to school districts of county offices of education for the purpose of implementing coordinated services to children and families at, near or through eligible school sites. Grants are awarded by the state Superintendent of Public Instruction, in conjunction with the directors of the State Departments of Health Services, Social Services, Alcohol and Drug Programs, and Mental Health. In ninety percent of the schools receiving grants, fifty percent of the enrolled pupils must receive Aid to Families with Dependent Children (AFDC) or be eligible for free and reduced price lunch. In addition to showing strong evidence of a collaborative process, programs funded by SB 620 must offer a minimum of four different types of service ranging from health care to academic support and must provide a 25 percent local match. Each site may apply for planning grants of up to $50,000 or operational grants of $300,000 for a three year period.

The process of placing a project within a broader context remains problematic. Comer and Sarason's work both touch on this issue. It is instructive that the model of reform used in both Comer and Sarason is largely silent on state and national policy and funding issues. While each has operated nationally recognized model programs, the larger impact of those pilot projects on schools has been extremely limited. There remains a "project orientation," rather than an orientation to change the larger system of which the schools are a part, which is a central concern in considering the whole issue of how to achieve public school improvement.

SPP, like other models focused on school change, raises an additional question: To what extent can models based upon pilot projects be applied to efforts devoted to changing the operations of an entire system? Implicitly the SPP model of change is one in which individual teachers, and therefore individual schools, can be changed rather than school systems. Some may argue that if enough schools are changed, school systems will inevitably become different. But, the links between the first and the second goals are vague at best.

It is also unfair to evaluate any project against goals it never attempted to achieve. But given the degree to which the future of public urban education is fundamentally at risk today, it is important to note that the goal of systems reform is typically not attempted by pilot projects which operate largely isolated from the larger system.

Furthermore, pilot projects often operate with resources and staff expertise that the larger system cannot command due to budget restraints. As a result, any lessons from the pilot projects are lost on the larger system whose staff often perceive the pilot as a luxury they cannot afford.

One of the challenges, however, of including mental health services in education reform initiatives is the fact that these efforts typically exclude the cost of mental health services provided by clinicians. Consequently, while this project is based upon the practice of utilizing highly trained licensed mental health professionals, further research on alternative strategies for comprehensive, education reforms to provide at least some of the services provided by the SPP consultants would be useful.[9]

Consideration #5.

● **Community-based organizations can render resources to schools and therefore have a role to play in planning and implementing school-linked services programs.**

Efforts to create inter-agency partnerships should take into consideration the fact that community-based organizations can be a critical supplement to what schools can do, and can at times act as a catalyst to achieve that which the schools themselves cannot do. With a significant amount of communities' services to children and families provided through non-profit agencies, the non-public elements of the service delivery

[9] The budget analysis of the SPP indicates a cost of $31.44 per year per pupil for the direct service component. Other consultation models which offer therapy or case management on school grounds are more costly.

system remain an important part of that system. The work of JFCS in this project illustrates both the challenges facing these partnerships and the potential of non-profit agencies playing a major role as change agents and as partners to public schools and other child serving agencies.

The joint venture described took place in a context of rapidly changing fiscal and personnel environments in the schools. But the project itself was able to work through those changes and continue its efforts to serve students and teachers. The stability and continuity offered by Jewish Family and Children's Services may have been a factor in assisting the schools to weather the changes they experienced.

Consideration #6.

● **Efforts to plan, implement and evaluate school-linked services should be based on the principle that whoever is responsible for carrying out a project plan should also be involved in making the plan.**

As noted in "Practical Lessons Learned" (Section IX), true partnerships are necessary in order to achieve change but are also challenging. The SPP emphasized inclusion of all key entities, from administrators to teachers, in project design and implementation. However, one area where this may not have been done sufficiently was in the design of the evaluation. The difficulties experienced in administering the SPP evaluation may have been minimized if teachers were offered the opportunity to provide their input more fully. Perhaps teachers would have been less resistant to the evaluation if they had worked on the evaluation design and implementation at their school site from its inception. Despite the fact that they were given formal feedback on an ongoing basis and that they participated in redesigning some elements of the evaluation, their reactions to participating continued to be mixed. It is possible that any form of additional work would be perceived as burdensome under such taxing work conditions.

Consideration #7.

● **Investment in research and student information systems to evaluate the effects of school-linked services is crucial.**

The SPP made a significant investment in research in order to provide a meaningful evaluation of the project's results. As a result, certain initial hypotheses were strengthened (as described in Section VII). Nonetheless, the time investment and cost required to collect this information raises the question of how much new policy toward school-linked services can or should be conditioned on such a major front-end investment in information systems and training of teachers and other staff in how to use the information systems. Given the current state of data on students, and the paucity of analysis of what data does exist, it seems unlikely that wider lessons can be learned from similar projects until proportionate investments in data collection and evaluation are made.

The vast majority of projects that work toward goals similar to the SPP collect far less data and analyze it far less thoroughly. While funding sources disagreed about the relative merits of an in-depth evaluation, it seems that until evaluation of student outcomes and staff attitudes is treated as being of equal importance to operating a project, accountability in such projects will be limited to what their operators voluntarily agree to do.

Teacher Demographics

June, 1990

	HAWTHORNE	LAWTON	ORTEGA	SANCHEZ	REDDING	LAFAYETTE
Grades	K-5	K-8	K-5	K-5	K-5	K-5
Number Certified Staff	28	28	16	24	21	25
% White	60.7	82.1	56.3	41.7	57.1	48.0
% Black	3.6	0.0	18.8	16.7	0.0	16.0
% Latino	21.6	7.1	12.5	29.2	0.0	4.0
% East Asian	10.7	10.7	6.3	12.5	33.4	24.0
% Filipino	3.6	0.0	0.0	0.0	0.0	4.0
% American Indian	0.0	0.0	6.3	0.0	0.0	0.0
% Other[1]	0.0	0.0	0.0	0.0	4.8[2]	4.0
% Female	57.0	64.0	94.0	83.0	90.0	84.0
Average Age	44.0	51.0	42.0	46.0	51.0	49.0
Average Class Size	28.0	n/a	29.5	26.0	27.0	28.7
Average Years of Service in SFUSD	13	23	15	12	19	18

[1] "Other" refers to all other non-white students including students from South East Asia

[2] Statistics on teacher ethnicity for Lafayette do not add up to 100% because of missing information for 1 certified staff person in the District and School Profiles

Description of School Sites[1]

Hawthorne Elementary School

Hawthorne's enthusiastic, dedicated staff focuses on a strong, basic academic program with an innovative language acquisition component. Multiple options in language acquisition include Spanish and Chinese as second languages, as well as a standard and accelerated English language track. An artist in residence enhances the fine arts program. Part-day pre-school and after-school childcare programs are available.

Lafayette Elementary School

Lafayette's academic program is designed to meet the individual needs of its diverse student population. An emphasis is placed on reading, oral/written communication, problem-solving and critical thinking skills. Students have the opportunity to develop responsibility and skills through participation in a school newspaper, student council, and the traffic squad. Parent involvement is encouraged and welcomed.

Lawton Elementary School

Lawton offers a program devoted to the highest academic and behavioral standards attainable by all students. A traditional program is offered with emphasis placed upon orderly behavior and serious application to academic tasks. Students are taught to know and understand our history, heritage, culture, and governmental structure and to reason in a logical and objective manner. Private non-profit childcare is available.

Jose Ortega Elementary School

Ortega offers a structured academic/creative program with an emphasis on math, science, fine arts, student government, parent involvement and community resources. Y.M.C.A. operated childcare is available.

Redding Elementary School

Redding offers programs serving a student population with diverse cultural and linguistic backgrounds. A strong academic program is provided to meet the learning needs of students. Grants from community sources provide for program enrichment. The staff is committed to attaining educational excellence. Subsidized childcare is available.

Sanchez Elementary School

Sanchez offers a complete spectrum of educational services to meet the needs of a diverse population: GATE, Spanish bilingual and ESL programs. Other services include a resource specialist, SDC classes, a media librarian and an elementary student advisor. Students also have the opportunity to participate in the "Artist-in-Residence" and sensory motor programs. Parent participation childcare is available.

[1] Source: San Francisco Unified School District

APPENDIX 3

Rosters of Project Advisory Council and JFCS Board of Directors

Schools Partnership Project Advisory Council

Fernando Barreiro, LCSW, Family Service Center
Denise Capra-Young, LCSW, Family Therapy Clinic
Nan Gallagher, Clinical Supervisor, Catholic Social Services
Peg Hickox, R.N., OMI Family Center
Barbara Krantzler, LCSW, Mount Zion Health Systems Out-Patient Services
Evelyn Lee, Richmond Maxi Center
Ellen Sawamura, Program Director, Tender Lion Family Program
Diane Scarritt, LCSW, Children's Coordinator, Bayview-Hunters Point CMHS
Sai-Ling Shan-Sew, LCSW, Chinatown Child Development Center
Hal Solin, Assistant Superintendent, Elementary School Department, SFUSD
Marge Swein, Assistant Director, Child, Adolescent and Family Services
Stan Weisner, Associate Director, Coleman Advocates for Children
Antonio Wong, LCSW, Director, Southeast Community Mental Health
Janice Cehn, Staff, Jewish Family and Children's Services

Jewish Family and Children's Services Board of Directors, 1992

John D. Goldman, President
Carole Breen, Vice-President
Dana Corvin, Vice-President
Marc H. Monheimer, Vice-President
Alan Snyder, Treasurer
JoAnne Levy, Secretary
Harry Cohn
Ruth DeHovitz
Bruce Fisher
Helen Foos
Miriam S. Grunfeld
Judy Huret
Barbara Isackson
Henry Libicki
Marla Miller
Judy Nadel
William Pomeranz
Paul G. Resnick
Gerald B. Rosenstein
Stuart Sadick
Norma Satten
Richard Segal
Rita Semel
Sue J. Siegel
Dr. Marina Tikhman
Dr. Allan M. Unger
Paul W. Vapnek
Jean Wildberg
Anita Wornick
Marty Zwick
Helene Cohen, Honorary Director
Dr. Sidney Epstein, Honorary Director

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Consultant Job Description

Job Title: Consultation Specialist, Schools Partnership Program

Job Description: Under the supervision of the director of the Children's Institute and in cooperation with project staff, the consultant specialist provides mental health consultation to a minimum of three elementary public schools in San Francisco.

Duties:

I. Direct Service: Mental health consultation to public schools

1) Develops working relationship with principal, vice principal and other school specialists in order to build the foundation for consultation services at each site
2) Develops working relationships with teachers and aides in order to plan the context for the consultative relationship at each site
3) Builds supportive network amongst faculty for internal consultative linkages and creates an environment with teachers that is conducive to problem solving
4) Provides individual consultation to teachers and administrators
5) Provides group consultation to select subgroups of faculty
6) Works with parents to support teacher interventions and provides crisis intervention services to children and parents, as needed
7) Provides in service training to teachers on topics related to child development and identification of problems
8) Observes children in the classroom
9) Receives and responds to questions about the functioning of children; assesses problematic functioning; suggests age appropriate interventions
10) Facilitates referrals to mental health resources as appropriate, including actual resource search and first contacts
11) Consistently provides follow through on all requests for consultation and referrals for treatment
12) Participates on the Student Study Team, as requested

II. Community Involvement

13) Represents Jewish Family and Children's Services and Schools Partnership Project to the community, as assigned
14) a) Attends Schools Partnership Project advisory committee meetings, as assigned
    b) Acts as a liaison to school district administrators, including the principals of the Schools Partnership Project sites, as assigned

III. Administrative

15) Maintains necessary records related to tracking of teacher requests, child observation, and direct services for the consultation activities, and maintains other records, as assigned
16) Collaborates with research staff in order to implement the evaluation component of the Project

17) Participates in grant report preparation, as assigned

IV. Consultation to Staff

18) Supervises Project trainees as assigned
19) Provides consultation to Children's Institute staff regarding other Jewish Family and Children's Services consultation activity, as requested

V. Other

20) Attends all Jewish Family and Children's Services meetings and Children's Institute staff meetings, as time permits
21) Complies with the Jewish Family and Children's Services *Policy and Procedures Manual*
22) Works closely with all Schools Partnership Project Consultation Specialists, in order to provide uniform services to school sites
23) Other tasks, as assigned

Qualifications:

- ▲ Graduate degree (MSW or equivalent), professional license (LCSW or equivalent) and minimum of two years post graduate experience in a public school setting
- ▲ Proven experience in providing mental health consultation to teachers and administrators in a public school setting
- ▲ Proven experience as a teacher of adult professionals in areas related to child development, early intervention, and team development
- ▲ Proven ability to work collegially with educators as part of a multi-disciplinary team
- ▲ Demonstrated understanding of the individual needs of teachers and students
- ▲ Demonstrated knowledge and understanding of the effects of social and emotional problems on student achievement
- ▲ Knowledge and skill in normal child development and psychopathology of childhood, and experience in crisis intervention with children and families
- ▲ Knowledge of systems theory and its application to school sites
- ▲ Demonstrated skill in clinical observation of groups of children, diagnosis and treatment of adults, children and families
- ▲ Knowledge of mental health and other child-related resources and the ability to make effective referrals
- ▲ Demonstrated skill in organizing and implementing program policies and procedures
- ▲ Knowledge and interest in social service and educational research

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